



REPORT NUMBER TWO

ANALYSIS OF ELECTROENCEPHALOGRAPHIC RECORDS OBTAINED DURING HEROIN WITHDRAWAL IN VIETNAM

FINAL REPORT

Dr. Richard C. Howe, Ph.D. Department of Physiology and Bioengineering

22 April 1976

Supported by

U.S. ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND Washington, D.C. 20314

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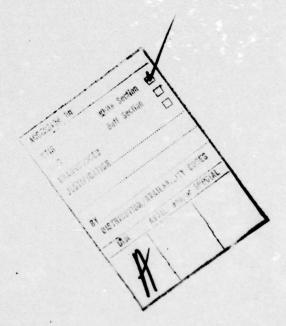
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Block No. 20 - Abstract

The purpose of this study was to analyze electroencephalographic (EEG) records obtained from heroin dependent individuals during withdrawal. The EEG records were analyzed for various awake and sleep states according to standard techniques. The records were scored on a minute to minute basis into awake, awake with alpha rhythm, slow wave sleep stages I, II, III, and IV, and rapid eye movement (REM) sleep states. From a total of 25 subjects, five control subjects and four patients have been analyzed to date. All scored EEG data were transferred to computer files for subsequent analysis and plotting.

The preliminary results indicate that the control subjects exhibited fairly standard sleep patterns in that they showed the typical "first night effect" (a general disruption of sleep associated with a suppression in the amount of REM sleep) followed by a stabilization of the sleep patterns on consecutive nights. The percentage of the various sleep-waking states for the control subjects were within normal values. The patients undergoing heroin withdrawal displayed a definite disruption in the total sleep pattern which was characterized by an increase in the awake and awake plus alpha states, a decrease in some of the slow wave sleep states, and a greater suppression of the REM sleep state. Further analysis of the EEG data from the remaining heroin dependent pat acts is necessary to more adequately describe these alterations in the sleep-waking patterns.



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SUMMARY

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Several studies have been in progress over the past several years investigating biorhythmic phenomena in drug abuse, substitution therapy, and abstinence. One such study, conducted in 1972 by the Department of Experimental Psychophysiology, Walter Reed Army Institute of Research (Project 3A062110A823, Work Unit 032), involved the continuous monitoring of physiological systems during withdrawal from heroin in military personnel stationed in the Republic of Viet Nam. This research project was conducted at the 24th Evacuation Hospital, Long Binh Post, between April and June of 1972 by members of a field research team from Walter Reed. During this study, several electrophysiological parameters were obtained including electroencephalogram (EEG), electrooculogram (EOG), electromyogram (EMG), electrocardiogram (EKG), electrophneumogram (EPG), and electrogastrogram (EGG). The EEG and EOG data are critical in the analysis of sleep-waking states in an individual. In addition, knowledge of these behavioral states is essential in the interpretation of the other physiological parameters, such as heart rate, respiration, and gastric motility, also collected in this study. Therefore, the purpose of this research project was to analyze the EEG records obtained in the above study for EEG patterns and/or abnormalities associated with heroin withdrawal.

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1. General Background

Within the past several years, a variety of studies have focused upon the general area of drug abuse, addiction, and withdrawal. Investigations of biorhythmic phenomena related to drug abuse, substitution therapy and abstinence have been conducted in animals, in the civilian addict population and in the military. One such study, conducted by the Department of Experimental Psychophysiology, Walter Reed Army Institute of Research (Robinson et al. 1972), involved the continuous monitoring of multiple physiological systems during withdrawal from heroin in military personnel stationed in the Republic of Viet Nam. This research project was conducted at the 24th Evacuation Hospital, Long Binh Post, between April and June of 1972 by members of a field research team from Walter Reed. During this study, several electrophysiological parameters were obtained including electroencephalogram (EEG), electrococulogram (EOG), electrocardiogram (EKG), electrophneumogram (EPG), and electrogastrogram (EGG). The purpose of this research project was to analyze the EEG records obtained in the above study for EEG patterns and/or abnormalities associated with heroin withdrawal.

Physiology, pharmacology and clinical aspects of heroin dependence have been well examined in civilian patients. However, the heroin using population in Viet Nam differed substantially from these civilian groups in several ways (Robinson et al. 1974 a, b, c). Heroin dependent individuals in the United States use a wide range of drugs concurrently, administer the drugs intravenously, and have lengthy and complex drug and medical histories. The drugs obtained are relatively impure and frequently contain other pharmacologically active adulterants. In addition, the opiate abstinence syndrome has often been obscured by pharmacological intervention to alleviate discomfort. It has also been difficult to ascertain the direct effects of heroin as opposed to the effects of disease and malnutrition associated with heroin dependence in the United States. In contrast, the majority of heroin users in Viet Nam seldom consumed other drugs while using heroin and administered the drug by nasopulmonary routes (smoking as an admixture with tobacco or forceful inhalation of the crystalline drug into the nostrils). The Viet Nam heroin user generally had no prior experience with heroin or other opiates (Robins, 1973) and hence did not have a complex drug history. Heroin in Viet Nam was of very high purity (92-98%) (Baker, 1972). Abstinence symptoms were relatively mild in these young heroin users who appeared to be considerably healthier than the stateside heroin addict. Thus, the Viet Nam heroin user provided an inadvertent model to study the effects of pure heroin without many of the problems inherent to the civilian addict population.

Several studies have observed the presence of biological rhythms in physiological and behavioral activities (Crowley et al. 1972; Fort, Mills, 1972; Hauty, Smith, 1972; Hildebrandt, Engel, 1972; Hockey, Colquboun, 1972; Tanquay et al. 1973). Some of these ultradian oscillations were initially described in sleep (Dement, Kleitman, 1957; Kleitman, 1969; Webb, Agnew, 1967). Dement and Kleitman (1957) were the first to show that EEG activity, rapid eye movements and body movements all exhibited a 90-100 minute cycle due to alternation of rapid eye movement (REM) sleep and non-REM (slow wave) sleep. This has since been confirmed in other studies (Globus, 1970; Globus et al. 1973; Kripke, 1972; Lubin et al. 1973; Lucas, Sterman, 1975; Naitoh et al. 1973). More recently it was postulated that the 90 minute REM sleep cycle was a reflection of the basic rest-activity cycle (BRAC) occurring throughout the 24 hour day (Kleitman, 1969; Sterman, 1972). Several investigations have given support to this position. Webb and Agnew (1967)

observed a 24 hour cycling of REM and slow wave sleep. Ultradian oscillation in EOG activity (Howe et al. 1973; Kripke, 1972), EMG activity (Globus et al. 1973; Kripke, 1972), gastric activity (Hiatt, Kripke, 1972) and in heart rate (Aldredge, Welch, 1973; Kripke, 1972; Orr, Hoffman, 1974) have been reported. In a study measuring the periodicity within sleep (the REM cycle) and waking (performance cycles), no significant difference was found between the REM sleep cycle and performance cycle (Sterman et al. 1972). Thus, the presence of an ultradian 90-100 minute rest-activity cycle occurring throughout the 24-hour day has been established as a fundamental aspect of central nervous system physiology. Further speculations have been made that the REM sleep cycle is really a manifestation of the basic rest-activity cycle during sleep (Sterman, 1972).

In considering the relationship of biological rhythms to sleep, two fundamental cycles must be examined - the REM sleep cycle (approximately 90 minutes) and the sleep-waking cycle (approximately 25 hours). Poor sleep is not only marked by frequent awakenings, but frequent shifts in the EEG sleep stages also occur and the usual 90-100 minute cycle is no longer seen. This disruption of the sleep cycle has been clearly demonstrated in the chronic alcoholic during withdrawal (Johnson, 1973). It was suggested that the disruption of these cycles may be more relevant to waking behavior than the total amount of wakefulness or time spent in sleep stages. The question remains as to what are the effects of heroin withdrawal on these biological rhythms.

The effect of opiate drugs on the central nervous system has been examined quite well in animals (Colasanti et al. 1975; Echols, Jewett, 1972; Khazan, Colasanti, 1971, 1972; Nash et al. 1973; Young et al. 1975). In morphine dependent rats upon withdrawal, both the duration and mean EEG voltage output of REM sleep episodes declined to minimal levels the first day and remained below control levels up to the third day (Colasanti et al. 1975; Khazan, Colasanti, 1972). This was followed by a rebound in REM sleep time above control levels up to the 12th day. In the cat, a single dose of morphine was shown to increase wakefulness and to suppress both non-REM (slow wave) sleep and REM sleep (Echols, Jewett, 1972).

The suppressant effect of opiates on sleep and REM sleep in experimental animals has also been demonstrated in human studies. Kay et al (1969) found evidence of a delayed rebound excess of REM sleep subsequent to the initial suppression resulting from an acute dose of morphine. After self-administration of heroin for up to seven days, Lewis et al. (1970) reported a suppression of REM sleep and an increase in drowsiness during the drug administration period and an immediate increase in REM sleep upon withdrawal. It was also noted that the rebound in REM sleep remained evident for two to three months following the acute withdrawal phase.

During chronic administration of morphine, Kay (1973; 1975) noted that REM sleep was significantly decreased during both the induction and the stable phase. The number of REM sleep episodes remained low and the REM sleep cycle was longer in duration during both phases, while the mean REM sleep episode duration was diminished only during the induction phase. Thus, in a chronic heroin dependent individual, the number of REM sleep episodes should be decreased, the REM sleep cycle should be increased, but the duration of each REM epoch should be near control values. This would suggest a direct effect of morphine upon the central nervous system mechanism responsible for the REM sleep cycle which may be, as mentioned earlier, a reflection of the ultradian basic rest-activity cycle.

Therefore, in order to study the effects of morphine upon these cycles, it is necessary to examine data obtained on a continuous 24-hour basis. The human data described above were obtained only during nightly recording sessions. This study is unique in that the data were collected on a continuous 24-hour basis for up to six consecutive days, thus permitting an analysis of the effects of heroin withdrawal upon these various biological rhythms. As the EEG is an indicator of behavioral states, it can be used to examine the alterations in the sleep-waking and REM sleep cycle associated with heroin withdrawal.

2. Methods

The methodological objective of this research project was to analyze EEG data obtained from heroin dependent individuals during acute withdrawal. These data were from twenty patients and five drug-free control subjects and totaled 2,602 hours of continuous recording time. The demographic data and heroin use history for these subjects have already been published (Robinson et al. 1974a, b, c) and is summarized in Tables I and II. The EEG and EOG data from four patient and five control subjects have been analyzed to date. Parts of the EKG and EOG data have been analyzed by other investigators originally involved in this study (Hegge et al. 1973).

The EEG records were analyzed for various awake and sleep states according to standard techniques (Rectschaffen, Kales, 1968). The EEG data were scored on a minute by minute basis into awake, awake with alpha rhythm, slow wave sleep stages I, II, III, and IV, and rapid eye movement (REM) sleep. An "undefined" category was also used for those time intervals where the EEG signal was missing or uninterpretable. Independent reading and cross checking of the scores was also performed in order to control the quality and accuracy of the EEG data.

During the recording of these data, a monopolar EEG lead referenced to an EOG lead was used. These leads also detected EMG activity from the head muscles. Thus, EEG, EOG, and head EMG were multiplexed on the same data channel. As the frequency range of EMG is considerably higher than EOG and EEG, bandpass filtering was performed during playback of these data onto paper records in order to remove the EMG activity. Further separation of the EOG and EEG activity by filtering is not possible, as their frequency bands overlap. However, amplitudes of these physiological parameters differ considerably in that EEG is in the microvolt range and EOG is in the millivolt range. By decreasing the gain during playback, it was possible to retain the EOG activity while totally suppressing all EEG signals. Thus, during playback of the multiplexed signals from magnetic tape to paper records, three channels were recorded: 1) the raw unfiltered multiplexed signal with EMG, 2) the filtered EEG channel with EOG, and 3) the filtered EOG channel. Standard sleep EEG records should contain one EEG channel, two EOG channels, and an EMG channel (Rectschaffen, Kales, 1968). However, the usefulness of the EMG in scoring sleep states has been criticized recently as it tends to be more closely associated with body position rather than sleep stages. The data obtained in this study have one EEG channel, one EOG channel, and some EMG.

The major difference between standard techniques and those used in this study was in the placement of the EEG electrodes. Standard sleep EEG records are obtained from electrodes placed at the C_3 or C_4 positions and referenced to an indifferent ear electrode on the contralateral side. This placement was selected to more clearly detect sleep spindles, K complexes, and vertex sharp waves which are used primarily in scoring Stage II sleep. However, in this study, the detection

TABLE 1. Comparative Data on Viet Nam Heroin Users vs. Controls

Controls

Heroin Users

Mean Mean 22.2 22.2 14.2 14.2 14.2 4.3 4.3 5.6 4.3 7.0 16.5
Mean 20.3 11.6 >10.5 -12.0 6.3 16.5
그리 얼마나 하나 있었다. 그 경기에서 발매하는 사람들이 되었다. 그리고 있는 것이 없는 것이다.

during the four years immediately preceding military service

²expressed as days between use (e.g. 6.3 = marijuana smoked slightly more frequently than one time each week)

TABLE 2. Drug History, Heroin Use History, and Pattern of Previous Attempts at Withdrawal for Ten Heroin Users

Subject Number	-		#	5	13	14	15	22	23	24	Mean
Age at initial drug abuse	17-18	13-14	17-18	17-18	19-20	17-18	17-18	15-16	17-18	15-16	16.9
Age at initial heroin use	18-19	18-19	18-19	20-21	23-24	20-21	18-19	18-19	18-19	18-19	19.4
Months of heroin use	s	-	æ	8	v	s	3	7	9	8	4.2
Initial heroin route	smoke	snort	smoke	smoke	smoke	smoke	smoke	smoke	smoke	smoke	
Route of last heroin dose ¹	smoke	snort	≥	smoke	smoke	smoke	smoke	smoke	smoke snort IV	≥	
Vials of heroin daily ²	•	7	2	(4-8)3	10	9	2	5	2	-	£.1
Amount of last dose in vials ²	0.5	0.5	0.5	0.5	-	0.5	7	æ	7	7	1.2
Hours since last heroin dose ¹	\$	⊽	۵		⊽	⊽	⊽		⊽	7	41.7
Numbers of attempts to withdraw in the past	-	-	01	#	m	•	æ	7	-	0	3.1
Duration of previous abstinence syndrome	8#	72	96	77	847	0	156	877	77	0	76.5

"last heroin dose" refers to the dose taken immediately before entering the research ward; all patients self-administered their last dose of heroin by the same route or combinations of routes regularly used over the preceding month one vial equals approximately 250 mgm of 92-98% pure heroin 3 heroin was used intermittently by this patient, heavily in the rear areas and none in combat

of wakefulness was just as important as sleep, especially during early withdrawal where sleep is suppressed and wakefulness is enhanced. The alpha rhythm, an 8-12 Hz EEG pattern recorded primarily from the occipital cortex, is associated with an awake individual usually with eyes closed. Furthermore, it was anticipated that during early withdrawal the patients would attempt to sleep but would be unable, i.e., would be in bed with eyes closed, but still awake. The best approach in evaluating this state is to record the alpha rhythm. Therefore, the EEG electrode was placed over the occipital cortex in the standard O2 position from which both alpha rhythm and general EEG patterns could be recorded.

As stated in an earlier quarterly report, the analysis of the EEG records progressed slower than initially estimated due to several factors. First, the EEG signals were recorded using a non-standard placement of the EEG electrodes, the O2 position to a frontal indifferent. These positions were selected in order to multiplex EOG and EEG signals on the same telemetry channel and to better record the occipitally located alpha rhythm associated with an awake individual with eyes closed. This non-standard placement of the EEG electrodes was not suitable for clearly recording sleep spindles, K complexes and vertex sharp waves. These particular EEG patterns are used in scoring stage II sleep which normally occupies approximately 50% of a normal sleep record. Because many of the EEG records in this study did not possess these typical EEG patterns associated with sleep, the interpretation and reading of the EEG records was considerably more difficult and slower.

Another factor that contributed to the difficulty in reading the EEG records was gain changes associated with physical displacement of the telemetry transmitters by the subjects during the initial recording. The scoring of EEG data is dependent not only upon particular EEG patterns but also upon the amplitude of these signals. For example, the amplitude of the EEG normally increases as an individual progresses from Stage I to Stages II, III, and IV slow wave sleep, then decreases considerably in the REM sleep state. In addition, body movements or position changes, such as rolling over, normally occur in sleep during transitional periods between the major sleep states. Many of the subjects in this study likewise displayed changes in body position during sleep which was sometimes associated with amplitude changes in the EEG. In order to compensate for these amplitude changes, it was necessary to read the EEG records both forward and backward to properly interpret the various sleep states.

A third but less important factor that increased the data reduction time involved the analysis of the records into the standard EEG states. In the initial research protocol, it was stated that the records would be scored into four main categories: awake (no alpha), awake with alpha rhythm, non-REM sleep (Stages I-IV), and REM sleep. These results would then be different from that normally reported in the literature, thus making their interpretation considerably more difficult. Therefore, it was decided to attempt to score all of the EEG states in the first several subjects to determine if this was even possible. In spite of the non-standard electrode placement and gain problems, analysis of the EEG records into all of the standard sleep states was possible. The scoring of all these behavioral states increased the data reduction time but added considerable meaning to the overall interpretation of the results.

The scored EEG data was then collated on the computer into continuous 24-hour blocks. The raw scored minute by minute EEG data was first punched onto paper tape, using an appropriate alpha-numeric code for each behavioral state, and then read into the computer into 24-hour data blocks (1440 data values per day). The paper tapes also served as the permanent backup records. The 24-hour data blocks were

smoothed and plotted for visual inspection of the behavioral state changes. Percentages of the various behavioral states was calculated for both addict and control groups on a 24 hour basis. The purpose of this analysis was to determine the relative time a subject is in each state during a day as well as across days. Total time in minutes was also summated for these various time intervals. Since the minute by minute data for the subjects for the total recording time is available on the computer, any time interval (other than those mentioned above) could be examined for the various awake and sleep states. Programs were developed to merge the 24-hour data blocks into single continuous data files for the entire recording time (5-7 days), to recode the raw alpha-numeric files into 24-hour data files (1440 data values per day), to calculate the percentages of the various behavioral states over a 24-hour interval, to calculate the percentages of the sleep states only, to smooth the data files, and to plot the files for visual examination of the EEG states over a complete day.

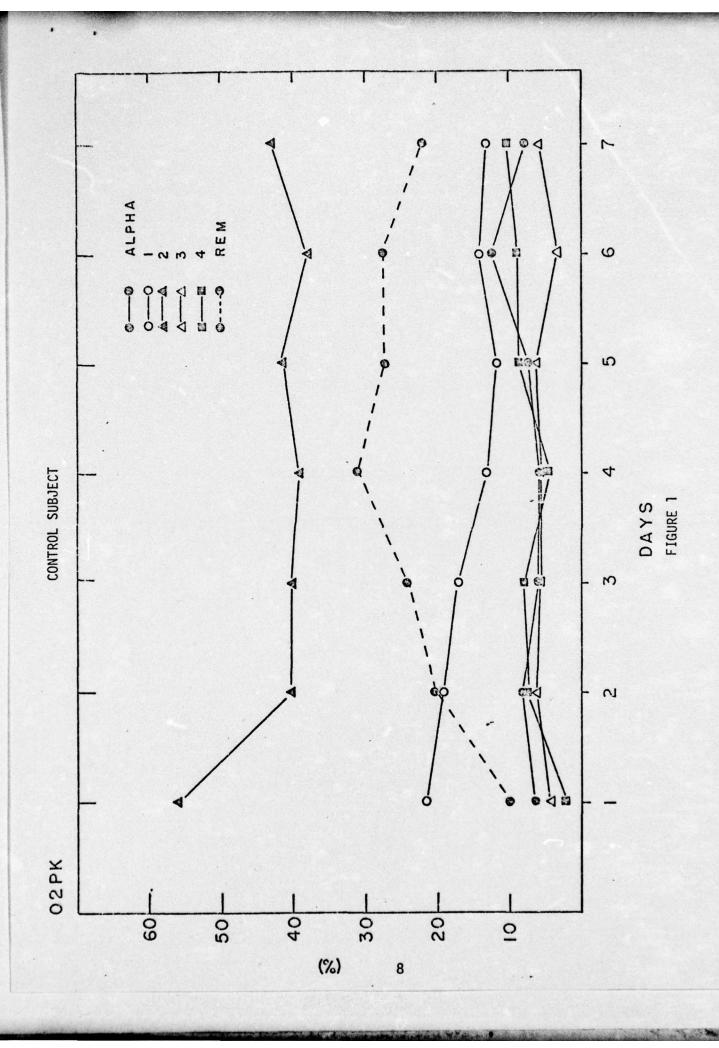
3. Preliminary Results

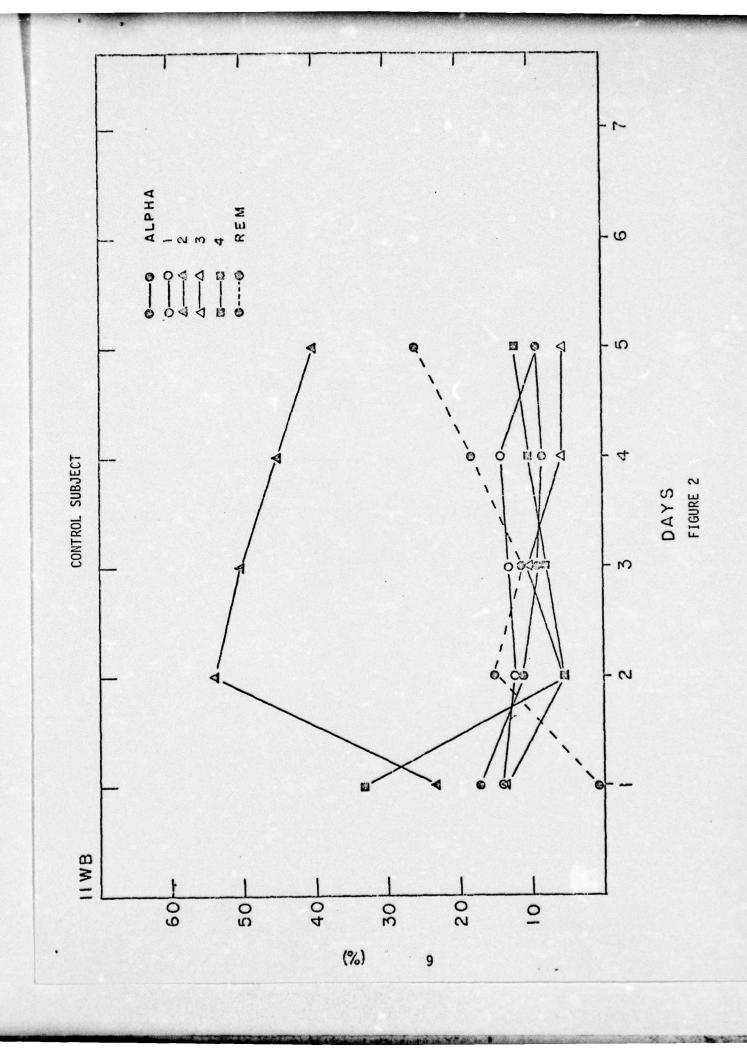
As mentioned earlier, only a portion of the EEG data has been analyzed. Pre-liminary results from the EEG data indicate that the percentages of the various sleep states for the control subjects were within normal values over consecutive recording days. In addition, the controls showed a typical "first night effect", i.e. a general disruption of sleep and decrease in several sleep stages, including REM sleep. Figures 1 and 2 display the percentages of the sleep states over several days for two control subjects. In contrast to this, the heroin dependent patients during withdrawal showed definite changes in sleep characterized by an increase in awake plus alpha rhythm and stage I and a decrease in slow wave sleep stage II (Figures 3 and 4). One patient (Figure 3) showed a marked suppression of REM sleep across all days, whereas the other patient (Figure 4) only showed a decrease in the amount of REM sleep on days 3 and 5.

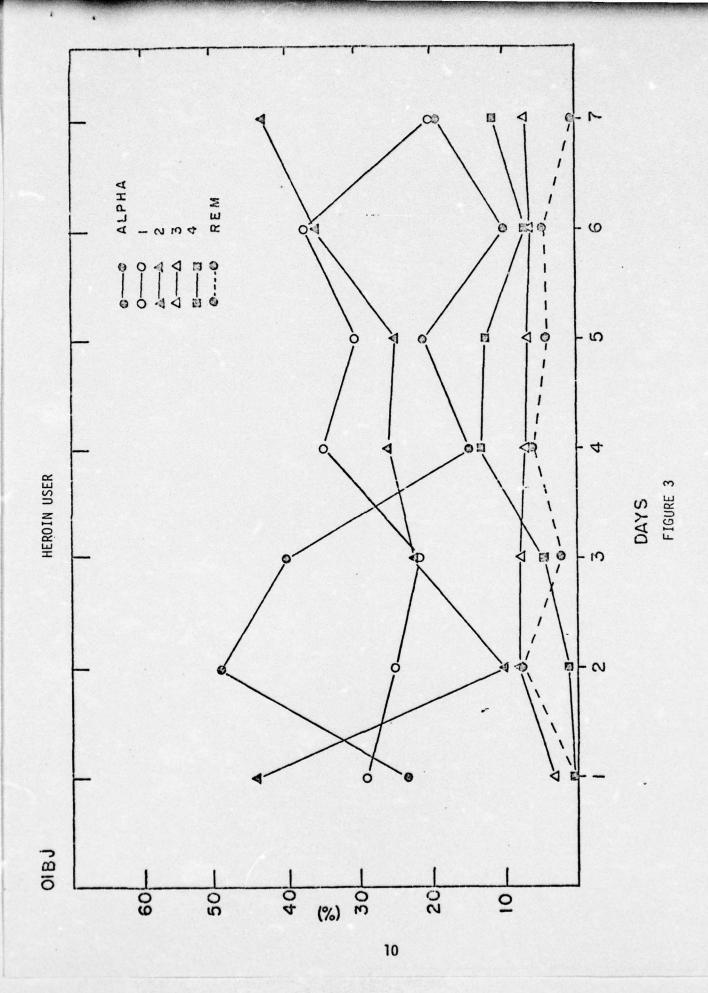
In addition, the sequential patterning of these behavioral states across the 24 hour day was considerably different between the control and heroin user subjects (Figures 5 and 6). The control subjects tended to sleep during a continuous block of time, whereas the heroin dependent patients during withdrawal showed attempts to sleep throughout the day. Further analysis of the data from the remaining heroin dependent subjects is required to make any definite conclusions regarding these results.

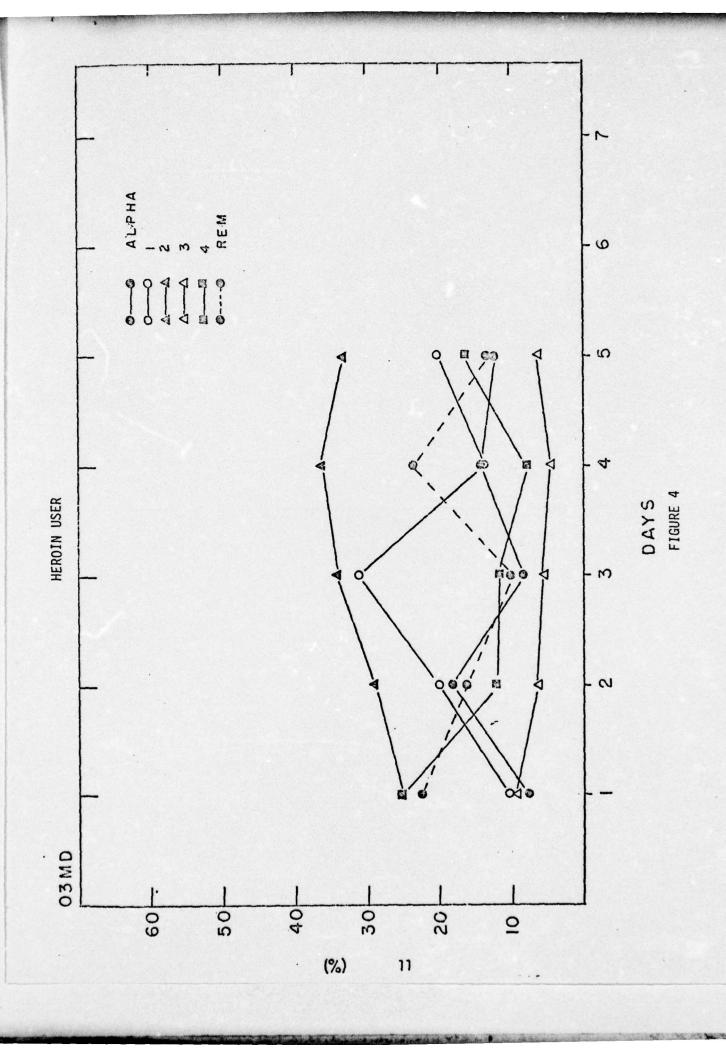
4. Figure Legends and Figures

- Figure 1 Percentages of the sleep states over seven days for control subject O2PK. The symbol legend is as follows: alpha = awake plus alpha rhythm state; 1-4= Slow wave sleep stages I, II, III, and IV; REM = Rapid Eye Movement sleep state.
- Figure 2 Percentages of the sleep states over five days for control subject 11WB. The symbol legend is the same as in Figure 1.
- Figure 3 Percentages of the sleep states over seven days for heroin user subject OIBJ during withdrawal. The symbol legend is the same as in Figure 1.
- Figure 4 Percentages of the sleep states over five days for heroin user subject 03MD during withdrawal. The symbol legend is the same as in Figure 1.



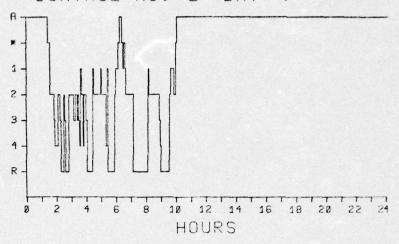






EEG STATES

CONTROL NO.: 2 DAY: 4



STATE PERCENTAGES & TIME IN MINUTES FOR:

SUBJECT NO: 2 DAY: 4

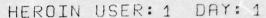
2		
	PER CENT	T II.E
BASED ON 24 HOURS		
AMAKE	65.07	937.
TOTAL SLEEP	34.93	503.
AWAKE ALPHA	1.87	27.
ONE	4.58	66.
TWO	13.61	196.
THREE	3.29	33.
FOUR	1.63	53.
REM	10.97	158.
UNDEF INED .	0.03	3.

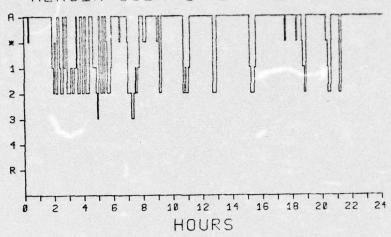
BASED ON	TOTAL	SLEEP	ONLY
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AVAKE ALPHA	5.37	27.
ONE	13.12	66.
TWO	38.97	196.
THREE	6.56	33.
FOUR	4.57	23.
REM	31 - 41	158.

FIGURE 5

EEG STATES





STATE PERCENTAGES & TIME IN MINUTES FOR:

SUBJECT NO.: 1 DAY: 1

DR		
	PER CENT	T 11.3
BASED ON 24 HOURS		
AMAKE	73.28	1313.
TOTAL SLEEP	29.72	428.
AWAKE ALPHA	6.94	133.
ONE	8.61	124.
TWO	13.26	191 •
THREE	3.83	12.
FOUR	3.37	1 •
REM	3.30	ð.
UNDEF INED	0.00	∅•

BASED ON TOTAL SLEEP UNLY

211222 011 101112		
AWAKE ALPHA	23.36	103.
ONE	28.97	124.
TWO	44.63	191.
THREE	2.80	12.
FOUR	Ø • 23	1.
REM	2.30	0.

FIGURE 6

- Figure 5 Plot of the awake and sleep states for control subject O2PK, recording day 4. The table in the lower part contains the behavioral state percentages and time in minutes for the same subject based on 24 hours and based on total sleep only.
- Figure 6 Plot of the awake and sleep states for heroin user subject OlBJ, day 1. The table in the lower part contains the behavioral state percentages and time in minutes for the same subject based on 24 hours and based on total sleep only.

5. Conclusions and Recommendations

The information collected in this heroin withdrawal study is unique in that the drug dependent individuals were using pure heroin and the data were collected on a continuous 24-hour per day basis. This type of information has never been collected in any other drug study to date. The analysis of these data is extremely important in the understanding of drug dependence and withdrawal.

The EEG records from the control subjects are also important in determining how the sleep-waking patterns of a normal individual are affected by a hospital ward environment and how these patterns adjust or change over time. The records obtained from the addict group will permit an in-depth analysis of the alterations in the sleep-waking patterns associated with the acute phase of heroin withdrawal and the beginning of the recovery phase.

The other physiological data collected from the withdrawal study will assist in the interpretation of the effects of heroin withdrawal upon several autonomic nervous system related functions, such as heart rate, respiration and gastric motility. The results of this and other related studies may provide a means for improving the prognosis of heroin dependent individuals.

In summary, considerable progress was made this year both in the scoring of the EEG records and in the development of the computer programs to process these data. As mentioned earlier, nine out of 25 subjects were completed, which included four heroin dependent patients and five control subjects. However, in order to make any meaningful conclusions regarding the sleep and waking patterns associated with heroin withdrawal, it would be necessary to complete the analysis of the remaining heroin dependent subjects.

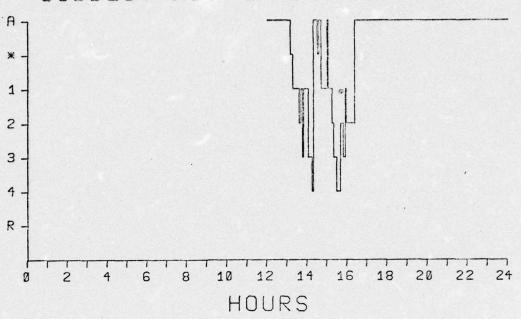
BIBLIOGRAPHY

- Aldredge, J.L., Welch, A.J. Variations of heart rate during sleep as a function of the sleep cycle. Electroenceph. Clin. Neurophysiol., 35: 193-198, 1973.
- Baker, S.L. U.S. Army heroin abuse identification program in Viet Nam: Implications for a methadone program. Amer. J. Public Health, 62: 857-860, 1972.
- Colasanti, B., Kirchman, A., Khazan, N. Changes in the electroencephalogram and REM sleep time during morphine abstinence in pellet-implanted rats. Research Commun. in Chemical Path. and Pharm., 12: 163-172, 1975.
- Crowley, T.J., Kripke, D.F., Halberg, F., Pegram, G.V., Schildkraut, J.J. Circadian rhythms of <u>Macaca mulatta</u>: Sleep, EEG, body and eye movement, and temperature. Primates, 13: 149-168, 1972.
- Dement, W., Kleitman, N. Cyclic variations in EEG during sleep and their relation to eye movements, body motility, and dreaming. Electroenceph. Clin. Neurophysiol., 9: 673-690, 1957.
- Echols, S.D., Jewett, R.E. Effects of morphine on sleep in the cat. Psychopharmacologia, 24: 435-448, 1972.
- Fort, A., Mills, J.N. Influence of sleep, lack of sleep and circadian rhythm on short psychometric tests. In <u>Aspects of Human Efficiency: Diurnal Rhythm and Loss of Sleep</u>, Colquhoun, W.P. (Ed.), English Universities Press, London, pp. 115-127, 1972.
- Globus, G.G. Quantification of the REM cycle as a rhythm. Psychophysiol., 7: 248-253, 1970.
- Globus, G.G., Phoebus, E.C., Humphries, J., Boyd, R., Sharp, R. Ultradian rhythms in human telemetered gross motor activity. Aerospace Medicine, 44: 882-887, 1973.
- Hauty, G.T., Smith, F.L. Psychological correlates of physiological circadian periodicity. In Aspects of Human Efficiency: Diurnal Rhythm and Loss of Sleep, Colquhoun, W.P. (Ed.), English Universities Press, London, pp. 59-74, 1972.
- Hegge, F.W., Robinson, M.G., Howe, R.C. Some circadian and ultradian aspects of abstinence from heroin: Cycles in heart period and frequency of gross eye movements. Proc. XI Intl. Society for Chronobiology, July 1973.
- Hiatt, J.F., Kripke, D.F. Ultradian rhythms in waking gastric activity. Psychosomatic Medicine, 37: 320-325, 1975.
- Hildebrandt, G., Engel, P. The relation between diurnal variations in psychic and physical performance. In <u>Aspects of Human Efficiency: Diurnal Rhythm and Loss of Sleep</u>, Colquboun, W.P. (Ed.), English Universities Press, London, pp. 231-240, 1972.
- Hockey, G.R.J., Colquhoun, W.P. Diurnal variation in human performance: A review. In Aspects of Human Efficiency: Diurnal Rhythm and Loss of Sleep, Colquhoun, W.P. (Ed.), English Universities Press, London, pp. 1-23, 1972.

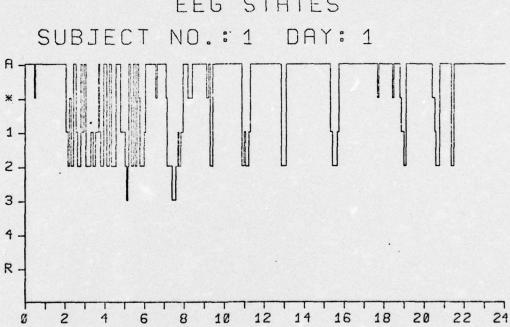
- Holtzman, S.G., Villarreal, J.E. Morphine dependence and body temperature in rhesus monkeys. J. Pharmacol. Exp. Ther., 166: 125-133, 1969.
- Howe, R.C., Robinson, M.G., Siegel, H.W., Hegge, F.W. Alterations in circadian and ultradian biorhythms during withdrawal from heroin. Abstract, Assoc. Psychophysiol. Study of Sleep, San Diego, p. 174, 1973.
- Johnson, L.C. Are stages of sleep related to waking behavior? Amer. Scientist, 61: 326-338, 1973.
- Kay, D.C. Sleep and some psychoactive drugs. Psychosomatics, 14: 108-118, 1973.
- Kay, D.C. Human sleep during chronic morphine intoxication. Psychopharmacologia, 44: 117-124, 1975.
- Kay, D.C., Eisenstein, R.B., Jasinski, D.R. Morphine effects on human REM state, waking state, and NREM sleep. Psychopharmacologia, 14: 404-416, 1969.
- Khazan, N., Colasanti, B. EEG correlates of morphine challenge in post-addict rats. Psychopharmacologia, 22: 56-63, 1971.
- Khazan, N., Colasanti, B. Protracted rebound in rapid eye movement sleep time and electroencephalogram voltage output in morphine-dependent rats upon withdrawal. J. Pharmacol. Exp. Ther., 183: 23-30, 1972.
- Kleitman, N. Basic rest-activity cycle in relation to sleep and wakefulness. In Sleep: Physiology and Pathology, Kales, A. (Ed.), Lippincott, Philadelphia, pp. 33-38, 1969.
- Kripke, D.F. An ultradian biological rhythm associated with perceptual deprivation and REM sleep. Psychosomatic Medicine, 34: 221-234, 1972.
- Lewis, S.A., Oswald, I., Evans, J.I., Akindele, M.O., Tompsett, S.L. Heroin and human sleep. Electroenceph. Clin. Neurophysiol., 28: 374-381, 1970.
- Lubin, A., Nute, C., Naitoh, P. EEG delta activity during human sleep as a damped ultradian rhythm. Psychophysiol., 10: 27-35, 1973.
- Lucas, E.A., Sterman, M.B. Effect of a forebrain lesion on the polycyclic sleepwake cycle and sleep-wake patterns in the cat. Exper. Neurology, 46: 368-388, 1975.
- Naitoh, P., Johnson, L.C., Lubin, A., Nute, C. Computer extraction of an ultradian cycle in sleep from manually scored sleep stages. Intl. J. Chronobiol., 1: 223-234, 1973.
- Nash, P., Colasanti, B., Khazan, N. Long-term effects of morphine on the electroencephalogram and behavior of the rat. Psychopharmacologia, 29: 271-276, 1973.
- Orr, W.C., Hoffman, H.J. A 90-min cardiac biorhythm: Methodology and data analysis using modified periodograms and complex demodulation. IEEE Transactions on Biomedical Engineering, BME-21: 130-143, 1974.

- Rectschaffen, A., Kales, A. (Eds.). A manual of standardized terminology, techniques and scoring system for sleep stages of human subjects. NIH Publication No. 204, U.S. Government Printing Office, Washington, D.C., 1968.
- Robins, L.N. A follow-up of Viet Nam drug users. Special Action Office for Drug Abuse Prevention Monograph, Series A, Number 1, Executive Office of the President, Washington, D.C., April 1973.
- Robinson, M.G., Howe, R.C., Ream, N.W., Siegel, H.W., Hegge, F.W. Acute heroin withdrawal in Viet Nam. An immunochemical evaluation of excretion. Clin. Pharmacol. Ther., 16: 303-309, 1974 (a).
- Robinson, M.G., Howe R.C., Varni, J.G., Ream, N.W., Hegge, F.W. Assessment of pupil size during heroin withdrawal in Viet Nam. Neurology, 24: 729-732, 1974(b).
- Robinson, M.G., Siegel, H.W., Howe, R.C., Hegge, F.W. Continuous monitoring of multiple physiological systems during withdrawal from heroin in military personnel stationed in RVN. Initial Project Report, Project No. 3A062110A823, Research in Military Psychiatry, Work Unit 032, Drug Abuse in Military Personnel, 55 pages, October, 1972.
- Robinson, M.G., Siegel, H.W., Howe, R.C., Ream, N.W., Hegge, F.W. Biochemical and clinical findings during acute heroin withdrawal in Viet Nam: A preliminary report. In <u>Drug Addiction</u>, (Vol. 3), Singh, J.M., Miller, L., Lal, H. (eds.), Futura Publishing Company, Mount Kisco, New York, (In Press), 1974(c).
- Sterman, M.B. The basic rest-activity cycle and sleep: Developmental considerations in man and cat. In <u>Sleep and the Maturing Nervous System</u>, Academic Press, New York, pp. 175-197, 1972.
- Sterman, M.B., Lucas, E.A., Macdonald, L.R. Periodicity within sleep and operant performance in the cat. Brain Research, 38: 327-341, 1972.
- Tanquay, P.E., Ornitz, E.M., Forsythe, A.B., Lee, J.C.M., Hartman, D. Basic restactivity cycle rhythms in the human auditory evoked response. Electroenceph. Clin. Neurophysiol., 34: 593-603, 1973.
- Webb, W., Agnew, H. Sleep cycling within the twenty-four hour period. J. Exper. Psychology, 74: 167-169, 1967.
- Young, G.A., Moreton, J.E., Meltzer, L., Khazan, N. REM sleep distributions in post-addict rats relapsing to morphine self-administration: Effects of Naloxone subcutaneous pellets. Research Commun. in Chemical Path. and Pharm., 11: 355-363, 1975.

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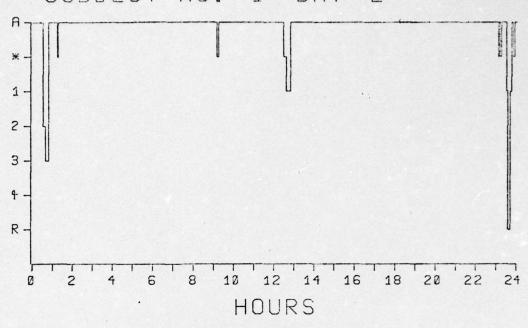


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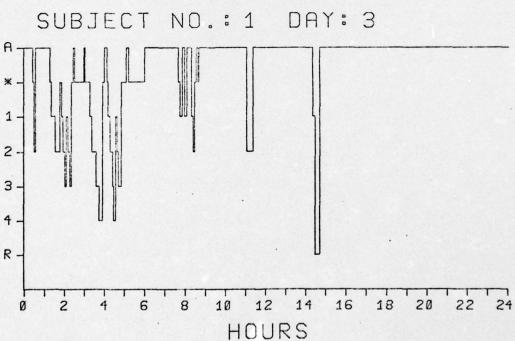


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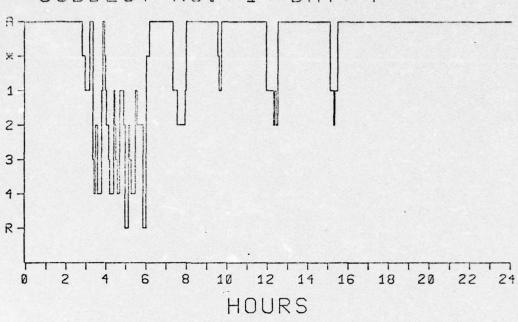
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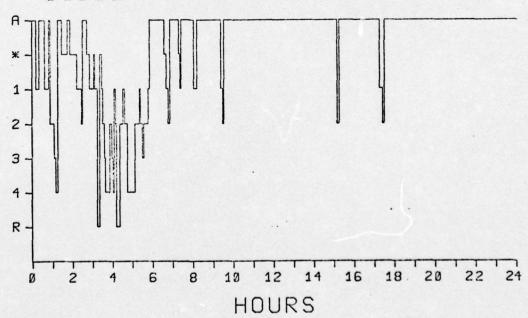
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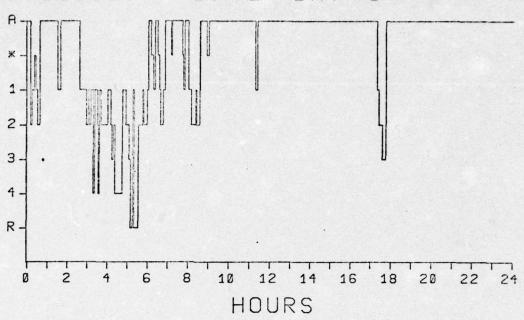
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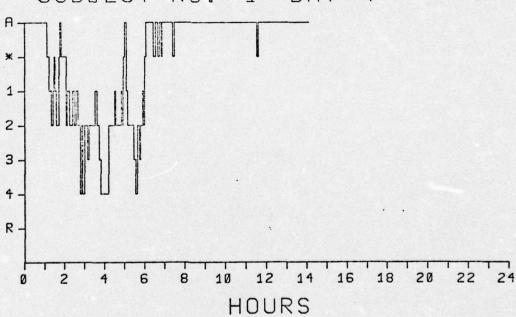
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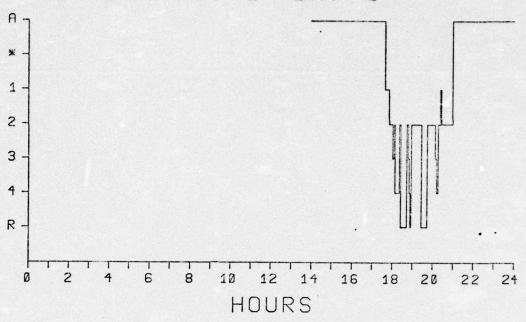
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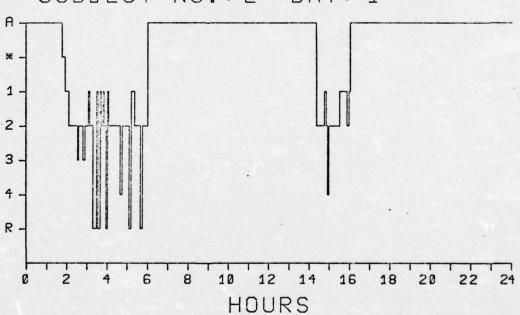
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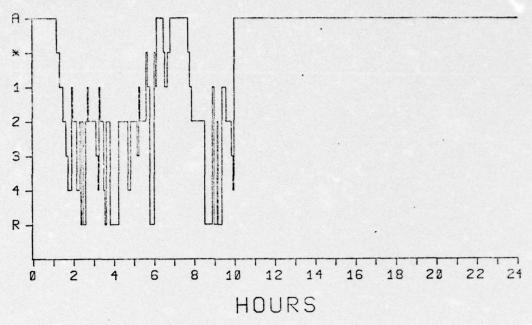
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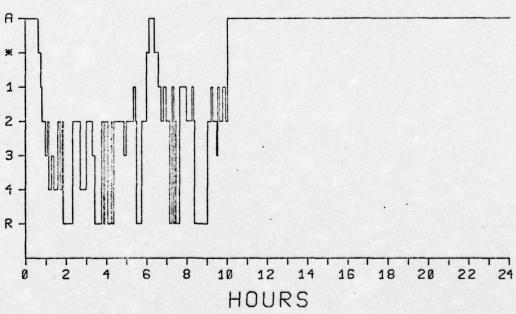
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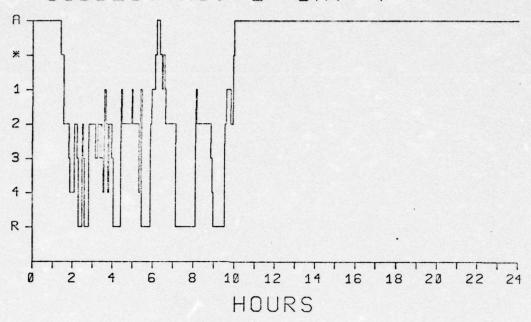
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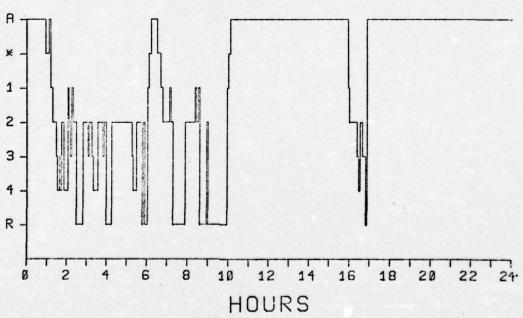
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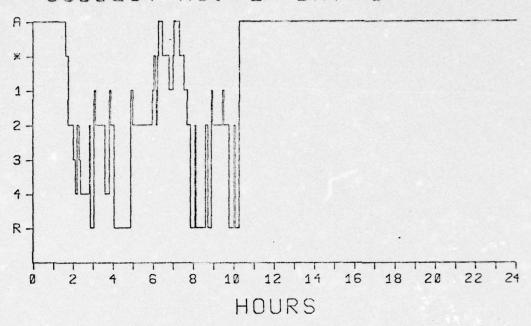
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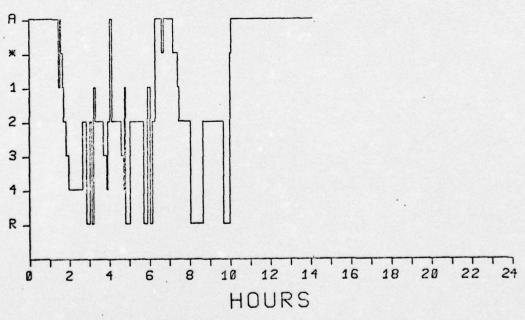
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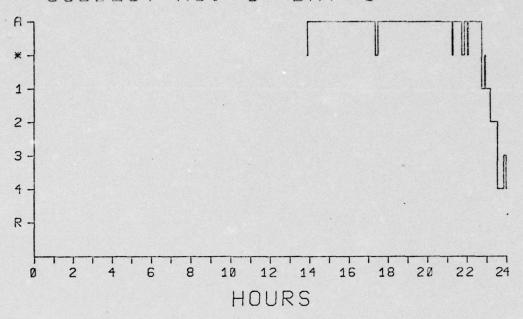
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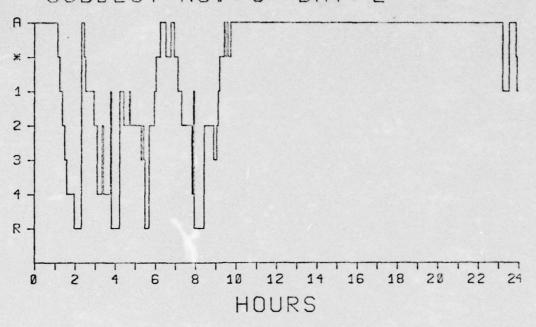
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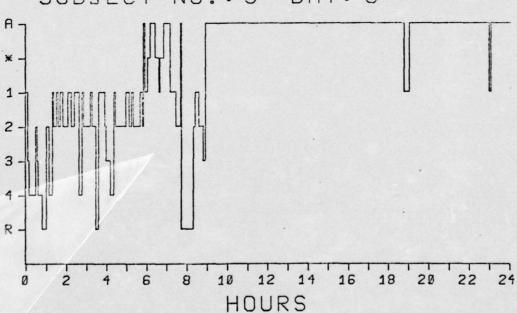
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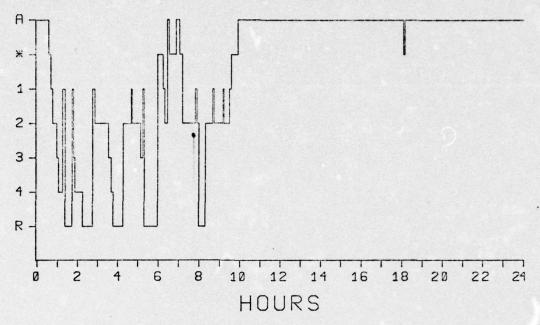
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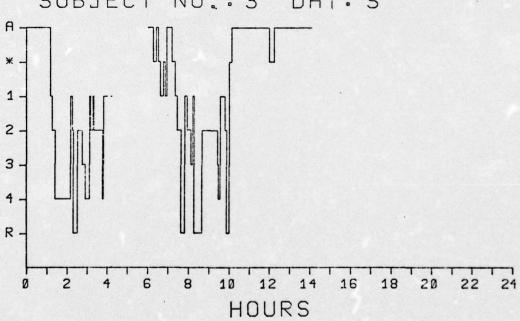
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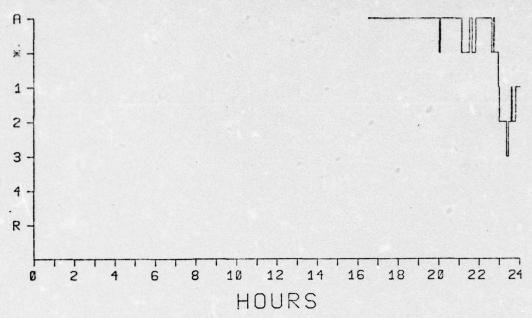
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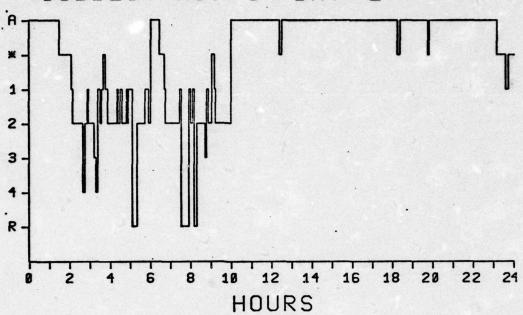
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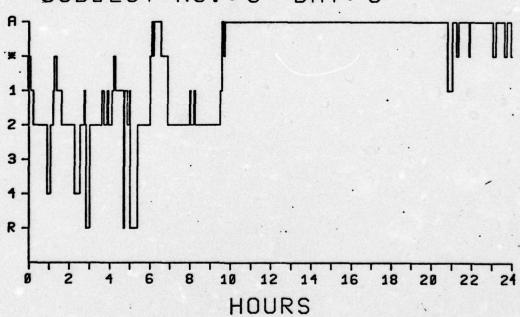
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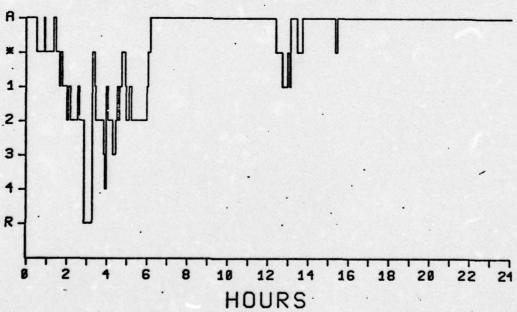
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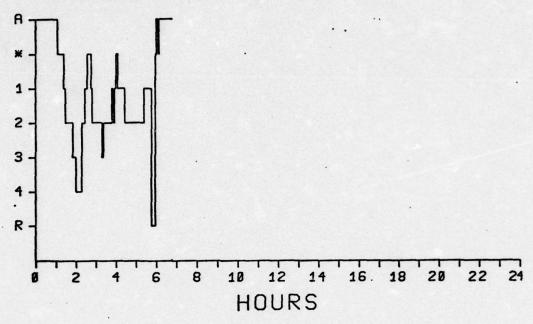
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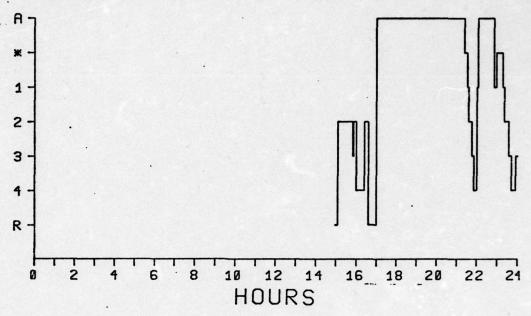
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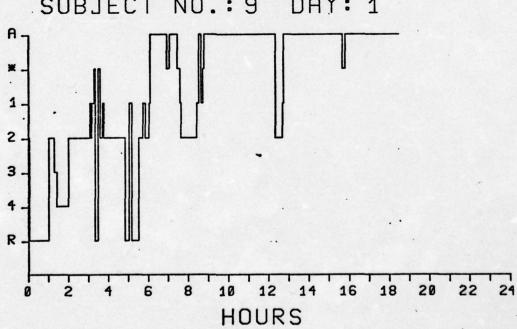
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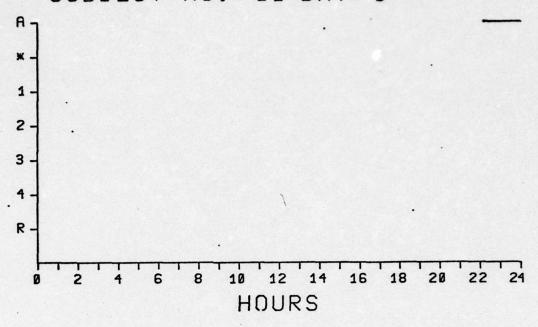
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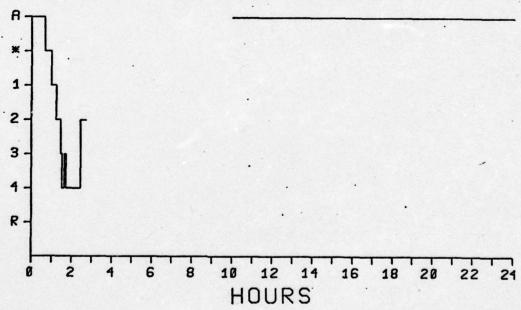
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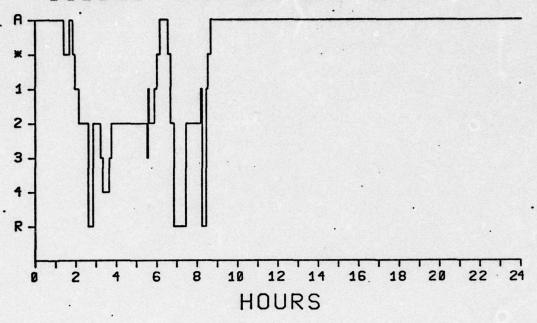
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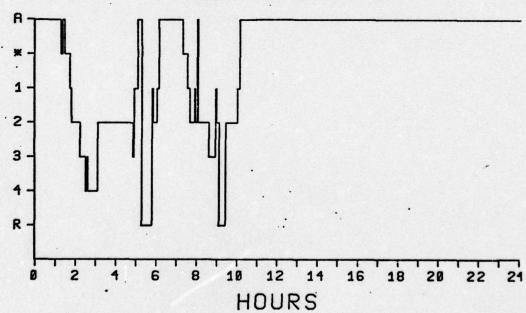
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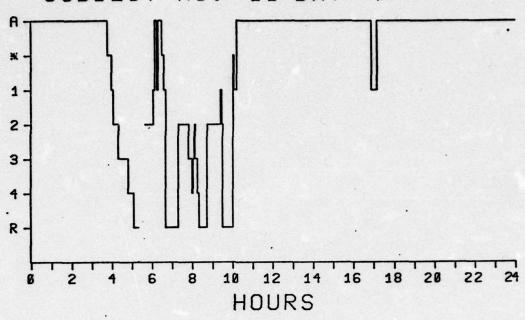
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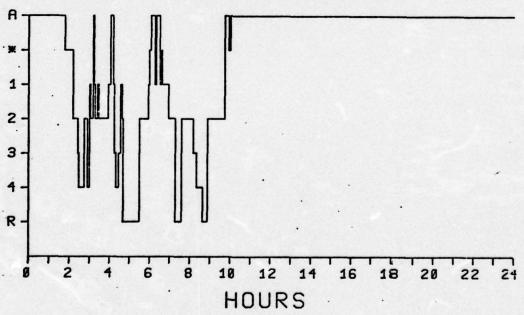
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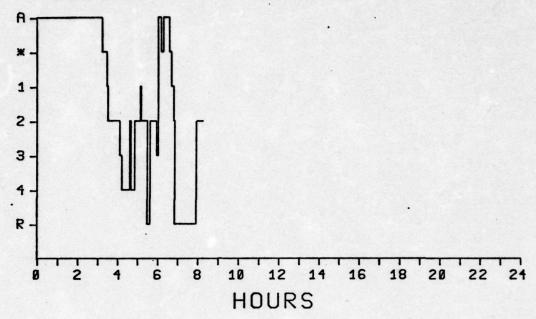
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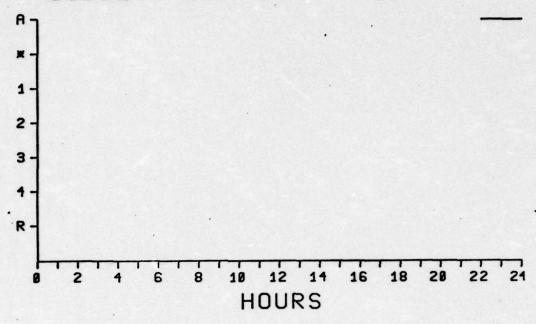
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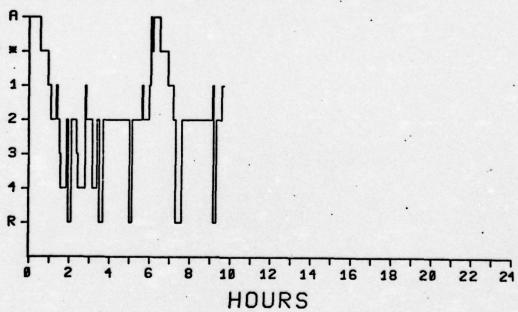
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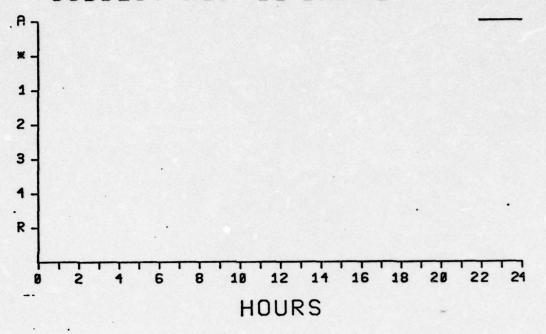
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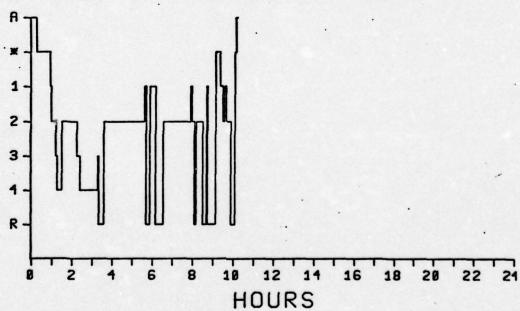
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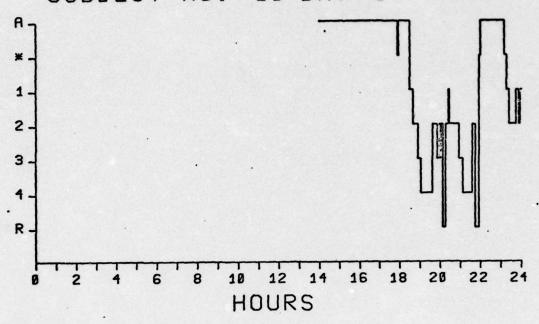
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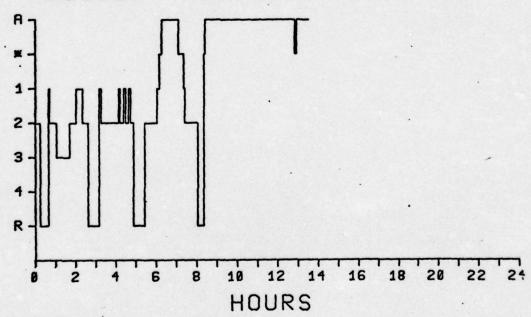
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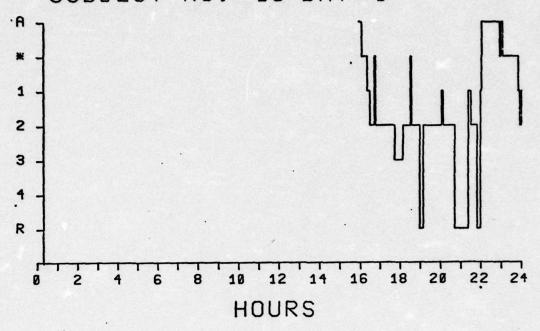
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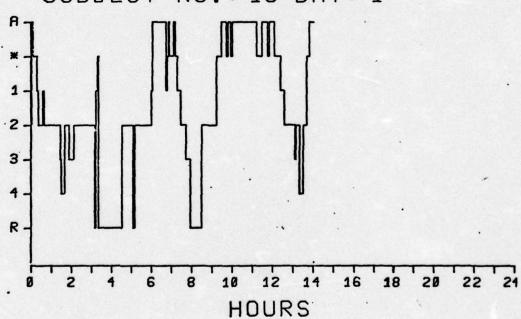
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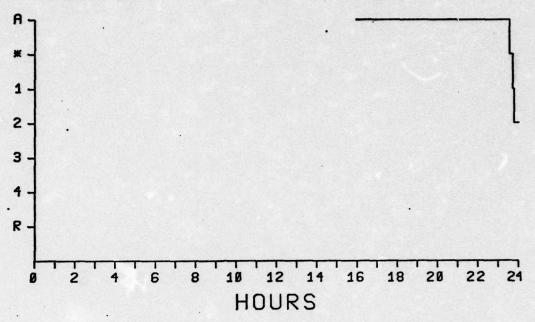
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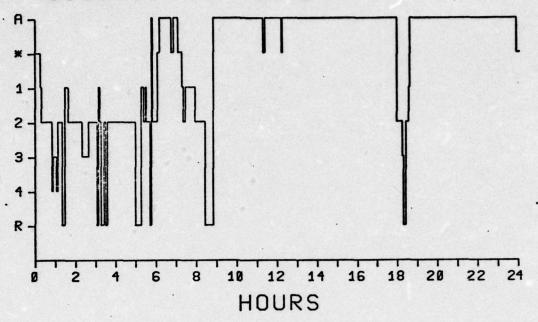
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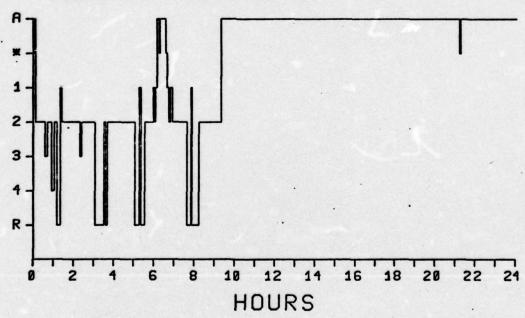
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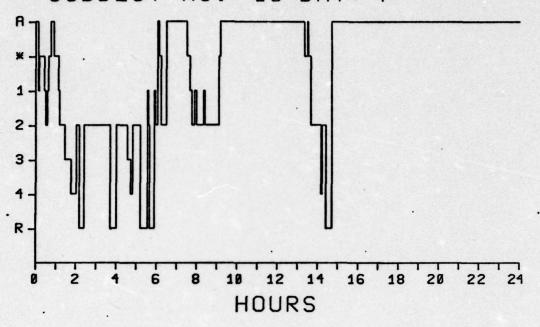
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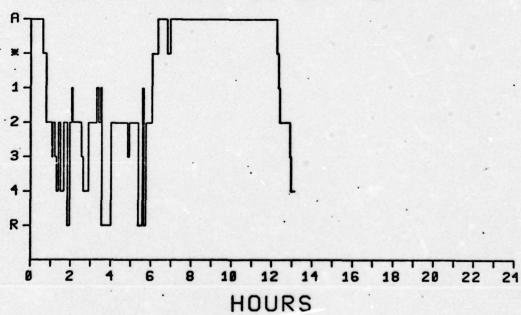
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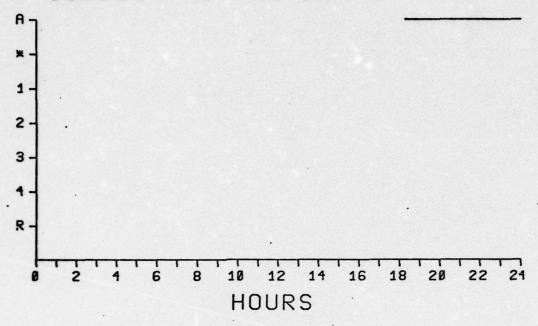
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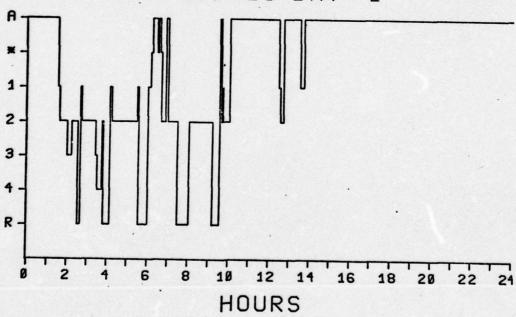
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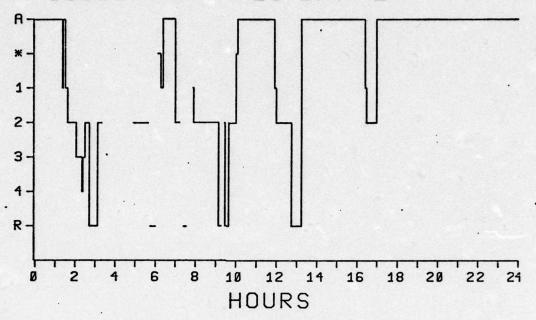
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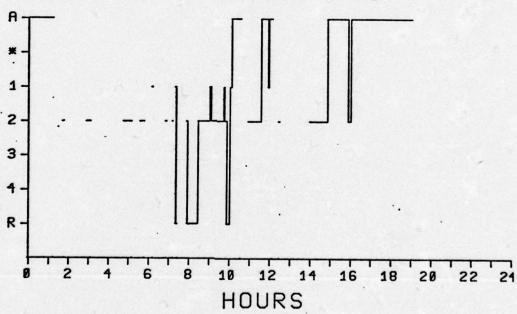
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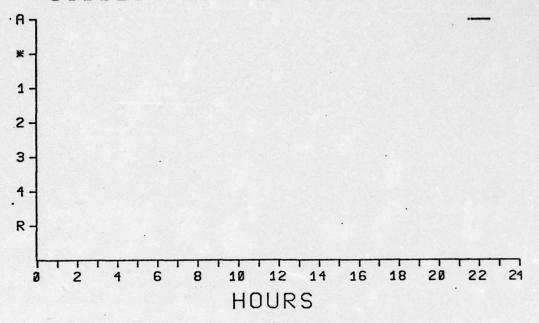
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SUBJECT NO.: 25 DAY: 2



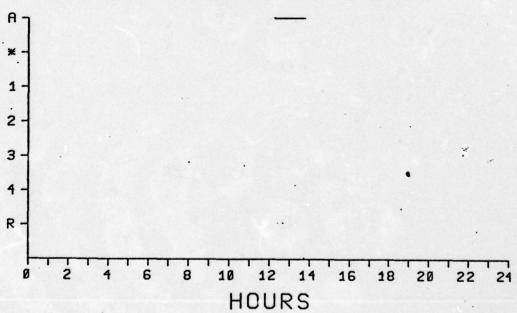
EEG STATES
SUBJECT NO.: 25 DAY: 3



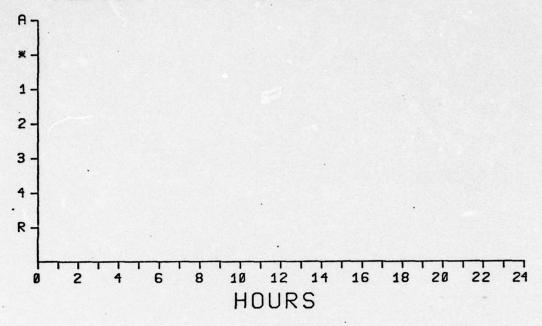
EEG STATES
SUBJECT NO.: 25 DAY: 4



EEG STATES
SUBJECT NO.: 25 DAY: 5



EEG STATES
SUBJECT NO.: 25 DAY: 6



	PERCENTAGES	TINE IN MIN	JTES FOR:		AGES & TIME IN MIN	UTES FOR:
SUBJECT NO. :				SUBJECT .NO. : 1		
DAY:	0			DAY: 1		
		PER CENT	TIME		PER CENT	TIME
BASED ON	24 HOURS			DASED ON 24 HOUR	S	
AVAKE		37.36	538.	AVAKE	70.28	1012.
TOTAL SLEEP		12.64	182.	TOTAL SLEEP	29.72	428.
AVAKE ALPHA		1.53	22.	AVAKE ALPHA	6.94	100.
ONE		5.07	73.	ONE	8.61	124.
TVO		2.99	43.	TVO	13.26	191 -
THREE		2.88	39.	THREE	0.83	12.
FOUR		8.97	14.	FOUR	8.07	1.
REN		6.00	6.	REM	8.00	0.
UNDEFINED		50.00	720.	UNDEFINED	0.00	0.
	TOTAL SLEEP			BASED ON TOTAL S		
AVAKE ALPHA		12.69	22.	AVAKE ALPHA	23.36	100.
ONE		40.11	73.	ONE	28.97	124.
TVO		23.63	43.	TWO	44.63	191.
THREE		16-48	30.	THREE	2.82	12.
FOUR		7.69	14.	FOUR	6.23	1.
REH		0.00	0.	REM	0.00	6.

STATE PERCENTAGE	S & TIME IN HIN	UTES FOR:		TAGES & TIME IN MIN	UTES FOR
SUBJECT NO. 1			SUBJECT NO.: 1		
DAY: 2			DAY: 3		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOURS			BASED ON 24 HOU		
AVAKE	94.17	1356.	AVAKE	76.25	1098.
TOTAL SLEEP	5 • 83	84.	TOTAL SLEEP	23.75	342.
AVAKE ALPHA	2.85	41.	AVAKE ALPHA	9.51	137.
ONE	1.46	21.	ONE	5.07	73.
TVO	6.56	8.	TVO	5.35	77.
THREE	8.49	7.	THREE	1.81	26.
FOUR	8.87	1.	FOUR	1.04	15.
REM	8.42	6.	REM	6.97	14.
UNDEFINED	0.00		UNDEFINED	0.60	6.
BASED ON TOTAL SLEE	P ONLY		BASED ON TOTAL	SLEEP ONLY	
AVAKE ALPHA	48.81	41.	AVAKE ALPHA	40.06	137.
ONE	25.69	21.	ONE	21.35	73.
TVO	9.52	8.	TVO	22.51	77.
THREE	8.33	7.	THREE	7.68	26.
FOUR	1.19	1.	FOUR	4.39	15.
REM	7.14	6.	REM	4.89	14.

SUBJECT NO.: 1 SUBJECT NO.: 1	
DAY: 4 DAY: 5	
PER CENT TIME PER CEN	TIME TIME
BASED ON 24 HOURS BASED ON 24 HOURS	
AVAKE 78.75 1134. AVAKE 75.62	1889.
TOTAL SLEEP 21.25 306. TOTAL SLEEP 24.37	351 .
AVAKE ALPHA 3.06 .44. AVAKE ALPHA 5.14	74.
ONE 7.36 106. ONE 7.43	107.
TVO 5.42 78. TWO 6.18	89.
THREE 1.46 21. THREE 1.60	23.
FOUR 2.78 40. FOUR 2.99	43.
REM 1.18 17. REM 1.04	15.
UNDEFINED 0.00 0. UNDEFINED 0.00	6.
BASED ON TOTAL SLEEP ONLY BASED ON TOTAL SLEEP ONLY	
AVAKE ALPHA 14.38 44. AVAKE ALPHA 21.08	74.
ONE 34.64 106. ONE 38.48	107.
TWO 25.49 78. TWO 25.36	89.
THREE 6.86 21. THREE 6.55	23.
FOUR 13.27 40. FOUR 12.25	43.
REM 5.56 17. REM 4.27	15.

STATE PERCENTAGES	A TIME IN MIN	UTES FOR:		SES 4 TIME IN MIN	UTES FOR:
SUBJECT NO.: 1			SUBJECT NO.: 1		
DAY: 6			DAY: 7		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOURS			BASED ON 24 HOURS		
AVAKE	74.58	1074.	AVAKE	37.15	535.
TOTAL SLEEP	25.42	366.	TOTAL SLEEP	21.60	311.
AVAKE ALPHA	2.43	35.	AVAKE ALPHA	4.10	59.
ONE	9.51	137.	ONE	4.24	61 .
TVO	9.17	132.	TVO	9-37	135.
THREE	1.53	22.	THREE	1.46	21.
FOUR	1.67	24.	FOUR	2.43	35.
REM	1.11	16.	REM	8.00	0.
UNDEFINED	0.00	0.	UNDEFINED	41.25	594.
BASED ON TOTAL SLEEP	ONLY		BASED ON TOTAL SLE	EEP ONLY	
AVAKE ALPHA	9.56	35.	AVAKE ALPHA	18.97	59.
ONE	37.43	137.	ONE	19.61	61.
TVO	36.07	132.	TVO	43.41	135.
THREE	6.01	22.	THREE	6.75	21.
FOUR	6.56	24.	FOUR	11.25	35.
REM	4.37	16.	REM	8.60	

STATE PERCE	NTAGES & TIME IN MINI	UTES FOR:	STATE PERCENTA	AGES & TIME IN MIN	UTES FOR:
DAY:			DAY: 1		
Date	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HO			BAS.ID ON 24 HOUR	S	
	27.78	400.	AWAKE	74.72	1076.
AVAKE	13.89	200.	TOTAL SLEEP	25.28	364.
TOTAL SLEEP	0.14	. 2.	AVAKE ALPHA	1.53	22.
AVAKE ALPHA	1.74	25.	ONE	5.35	77.
ONE		107.	TVO	14.17	284.
TVO	7-43			1.04	15.
THREE	0.90	13.	THREE	8.62	9.
FOUR	1.32	19.	FOUR	2.57	37.
REM	2.36	34.	REM	6.00	6.
UNDEFINED	58.33	840.	UNDEFINED	0.00	
BASED ON TOTAL	ELFED ANI Y		BASED ON TOTAL S	LEEP ONL'	
	1.00	2.	AWAKE ALPHA	6.84	22.
AVAKE ALPHA	12.50	25.	ONE	21.15	77.
ONE	53.50	107.	TWO	56.94	284.
TVO			THREE	4.12	15.
THREE	6.50	13.		2.47	9.
FOUR	9.50	19.	FOUR	10.16	37.
REM	17.03	34.	REM	10.10	

STATE PERCENTA	GES 4 TIME IN MIN	UTES FOR:		AGES & TIME IN HIM	UTES FOR
SUBJECT NO.: 2			SUBJECT NO.: 2		
DAY: 2			DAY: 3	FIG. 1	
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOURS			BASED ON 24 HOUR		
AVAKE	68.68	989.	AVAKE	62.36	898.
TOTAL SLEEP	31.32	451.	TOTAL SLEEP	37.64	542.
AVAKE ALPHA	2.43	35.	AWAKE ALPHA	2.15	31.
ONE	5.97	86.	ONE	6.32	91 -
TVO	12.64	182.	TWO	15.07	217.
	1.94	26.	THREE	2.15	31 .
THREE	2.22	32.	FOUR	2.92	42.
FOUR	6.11	88.	REM	9.03	136 -
REM	0.00	0.	UNDEFINED	0.60	8.
UNDEFINED					
BASED ON TOTAL SI	EEP ONLY		BASED ON TOTAL		
AVAKE ALPHA	7.76	35.	AVAKE ALPHA	5.72	31.
ONE	19.07	86.	ONE	16.79	91 -
TVO	46.35	182.	TVO	48-84	217.
THREE	6.21	28.	THREE	5.72	31 .
	7.10	32.	FOUR	7.75	42.
FOUR REM	19.51	88.	REM	23.99	130.

STATE PERCENT	AGES & TIME IN MIN	UTES FOR:	STATE PERCENT	TAGES & TIME IN HIN	UTES FOR
SUBJECT NO. 1 2			SUBJECT NO. : 2		
DAY! 4			DAY: 5		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOUR			BASED ON 24 HOU!	RS	
AVAKE	65.07	937.	AVAKE	59.44	856.
TOTAL SLEEP	34.93	503.	TOTAL SLEEP	40.56	584.
AVAKE ALPHA	1.67	27.	AVAKE ALPHA	2.78	40.
ONE	4.58	66.	ONE	4.72	68.
TVO	13.61	196.	TWO	16.67	240 .
THREE	2.29	33.	THREE	2.29	33.
FOUR	1.60	23.	FOUR	3.19	46.
REH	10.97	158.	REM	16.98	157.
UNDEFINED	6.60	0.	UNDEFINED	6.80	0.
			BASED ON TOTAL	SLEEP ONLY	
BASED ON TOTAL S		27.	AWAKE ALPHA	6.85	48.
AVAKE ALPHA	5.37		ONE	11.64	68.
ONE	13.12	66.	TVO	41.10	240 .
TVO	38-97	196.	THREE	5.65	33.
THREE	6.56	33.	PAUL	7.88	46.
FOUR	4.57	23.		26.88	157.
REM	31.41	158.	REM	20.00	

STATE PERCENTAGES SUBJECT NO.: 2	4 TIME IN MINT	ITES FOR:	SUBJECT NO. 1 2	GES & TIME IN MINU	ITES FOR:
DAY: 6			DAY: 7		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOURS			BASED ON 24 HOURS		
AVAKE	65.97	950 •	AVAKE	26.53	382.
TOTAL SLEEP	34.03	490 .	TOTAL SLEEP	32.22	464.
AVAKE ALPHA	3.54	51.	AWAKE ALPHA	2.43	35.
ONE	4.72	68.	ONE	4-16	59.
TVO	12.71	183.	TVO	13-82	199.
THREE	1.04	15.	THREE	1.74	25.
FOUR	2.92	42.	FOUR	3.12	45.
REM	9.10	131.	REM	7.81	101.
UNDEFINED	8.80	0.	UNDEFINED	41.25	594.
			BASED ON TOTAL SI	FFP ONLY	
BASED ON TOTAL SLEEP			AVAKE ALPHA	7.54	35.
AVAKE ALPHA	18.41	51.	ONE	12.72	59.
ONE	13.88	68.	TVO	42.89	199.
TVO	37.35	183.	THREE	5.39	25.
THREE	3.06	15.			45.
FOUR	8.57	.42.	FOUR	9.70	
REM	26.73	131.	REM	21.77	101.

STATE PERCENT	AGES & TIME IN HIN	UTES FOR:	STATE PERCENT	FAGES & TIME IN MINI	TES FOR
DAY:	DED CENT	# THE	DAY: 1		24
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOUR			BASLO ON 24 HOUT	RS	
AVAKE	34.03	498.	AVAKE	48.61	700.
TOTAL SLEEP	8.33	120.	TOTAL SLEEP	49.93	719.
AVAKE ALPHA	3.19	46.	AVAKE ALPHA	3.68	53.
ONE	1.81	26.	ONE	5.21	75.
· TVO	1.39	20.	TVO	12.57	181 .
THREE	8.56	8.	THREE	4.65	67.
FOUR	1.39	28.	FOUR	12.50	189.
REM	6.80	8.	REM	11.32	163.
UNDEFINED	57-64	836.	UNDEFINED	1.46	21.
BASED ON TOTAL S	LEEP ONLY		BASED ON TOTAL S	LEEP ONLY	
AVAKE ALPHA	38-33	46.	AVAKE ALPHA	7.37	53.
ONE	21.67	26.	ONE	10.43	75.
TVO	16.67	26.	TVO	25.17	181.
THREE	6.67	8.	THREE	9.32	67.
FOUR	16.67	20.	FOUR	25.63	180.
REM	0.00	0.	REM	22.67	163.
				22.01	.03.

SUBJECT N	TATE PERCENTAGES	TIME IN MIN	UTES FOR:	STATE PERCENTA SUBJECT NO.: 3	GES & TIME IN MINI	ITES FOR
DAY:	2			DAY: 3		
		PER CENT	TIME		PER CENT	TIME
BASED	ON 24 HOURS			BASED ON 24 HOURS		
AVAKE		65.87	937.	AVAKE	63.47	914.
TOTAL SLE	EP	34.93	503.	TOTAL SLEEP	36.53	526.
AVAKE ALP	HA	6.32	91 .	AVAKE ALPHA	2.99	43.
ONE		6.87	99.	ONE	11.53	166.
TVO		9.79	141.	TWO	12.36	176.
THREE		2.61	29.	THREE	1.74	25.
FOUR		4.24	61 .	FOUR	4.17	60.
REM		5.69	82.	REM	3.75	54.
UNDEFINED		0.00	••	UNDEFINED	0.88	0.
BASED	ON TOTAL SLEEP O	ONLY		BASED ON TOTAL SE	EEP ONLY	
AWAKE ALP	HA	18.09	91 .	AWAKE ALPHA	8.17	43.
ONE		19.68	99.	ONE	31.56	166.
TVO		28.03	141.	TVO	33.84	178.
THREE		5.77	29.	THREE	4.75	25.
FOUR		12-13	61 .	FOUR	11-41	68.
REM		16.30	82.	REM	16.27	54.

	AGES & TIME IN MIN	UTES FOR:	STATE PERCENT	AGES & TIME IN MIN	UTES FOR:
SUBJECT NO. : 3					
DAY: 4			DAY: 5		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOUR	S		BASED ON 24 HOUR	IS	
AVAKE	61.74	889.	AVAKE	23.33	336.
TOTAL SLEEP	38.26	551.	TOTAL SLEEP	27.36	394.
AVAKE ALPHA	5.42	78.	AVAKE ALPHA	3.33	48.
ONE	5.07	73.	ONE	5.62	81 .
TVO	13.69	200.	TWO	8.89	128.
THREE	1.60	23.	THREE	1.53	22.
FOUR	2.92	42.	FOUR	4.44	64.
REM	9.37	1.5.	REM	3.54	51.
UNDEFINED	0.00	6.	UNDEFINED	49-31	710.
BASED ON TOTAL S	LEEP ONLY		BASED ON TOTAL S	LEEP ONLY	
AVAKE ALPIA	14.16	78.	AVAKE ALPHA	12.18	48.
ONE	13.25	73.	ONE	20.56	81.
TVO	36.30	200.	TVO	32.49	128.
THREE	4.17	23.	THREE	5.58	22.
FOUR	7.62	42.	FOUR	16.24	64.
REM	94.50	135.	REM	12.94	51.

STATE PERCENTAGES SUBJECT NO.: 6 DAY:	& TIME IN MIN	UTES FOR:	STATE PERCENTAGE SUBJECT NO.: 6 DAY: 1	ES & TIME IN MINU	
DH	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOURS	ren ven.		BASED ON 24 HOURS		
	23-12	333.	AVAKE	53.06	764.
AVAKE	8.12	117.	TOTAL SLEEP	46.94	676.
TOTAL SLEEP		55.	AVAKE ALPHA	5.62	81 .
AVAKE ALPHA	3.82		ONE	9.79	141.
ONE	1.53	22.	TVO	24.93	346.
TVO	2.43	35.	THREE	6.83	12.
THREE	0.28	4.	FOUR	2.15	31.
FOUR	0.87	1.		4.51	65.
REH	0.00	8.	REM	6.00	0.
UNDEFINED	68.75	996.	UNDEFINED		
BASED ON TOTAL SLEEP	ONLY		BASED ON TOTAL SLE		
AVAKE ALPHA	47-81	55.	AVAKE ALPHA	11.98	81.
ONE	18.50	22.	ONE	20.86	141.
	29.91	35.	TWO	51.18	346.
TVO			THREE	1.78	12.
THREE	3.42	4.	FOUR	4.59	31 .
FOUR	6 - 85	1.	REM	9.62	65.
REM	5.00	0.			

		ES & TIME IN MINI	JTES FOR:		AGES & TIME IN MINI	ITES FOR
SUBJECT N	10.1 6			SUBJECT NO.: 6		
DAYE	2			DAY: 3	200 0000	
		PER CENT	TIME		PER CENT	TIME
BASED	ON 24 HOURS			BASED ON 24 HOUR		
AVAKE		68.76	875.	AVAKE	58-19	838.
TOTAL SLE	ED	39.24	565.	TOTAL SLEEP	41 - 81	602.
AVAKE ALP		9.65	139.	AVAKE ALPHA	6.74	97.
	THE STATE OF THE S	9.17	132.	ONE	9.51	137.
ONE		16.84	231 •	TVO	21.39	308.
TVO		1.25	18.	THREE	0.49	7.
THREE			10.	FOUR	1.53	22.
FOUR		0.69			2.15	31.
REM		2.43	35.	REM		
under inet	•	8.00		UNDEFINED	0.80	0.
BAÉFI	ON TOTAL SLE	FP ONLY		BASED ON TOTAL S	LEEP ONLY	
AVAKE ALE		24.68	139.	AVAKE ALPHA	16.11	97.
	100	23.36	132.	ONE	22.76	137.
ONE		46.88	231.	TVO	51.16	308.
TWO			18.	THREE	1.16	7.
THREE		3.19	ALTONOMIC CONTRACTOR OF THE PARTY OF THE PAR		3.65	22.
FOUR		1.77	10.	FOUR		
REM		6.19	35.	REM	5.15	31.

STATE PERCENT SUBJECT NO.: 6	AGES & TIME IN MIN	UTES FOR:	STATE PERCENT SUBJECT NO. : 6	AGES & TIME IN MIN	UTES FOR
DAY: 4			DAYI 5		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOUF			BASED ON 24 HOUR	S	
AVAKE	54.65	787.	AVAKE	71 - 81	1834.
TOTAL SLEEP	45.35	653.	TOTAL SLEEP	28.19	486.
AVAKE ALPHA	9.72	140.	AVAKE ALPHA	10.00	144.
ONE	13.75	198.	ONE	6.18	89.
TWO	18.89	272.	TWO	9.24	133.
THREE	1.25	18.	THREE	1.64	15.
FOUR	1.25	18.	FOUR	0.42	6.
REM	0.49	7.	REM	1.32	19.
UNDEFINED	6.60	6.	UNDEFINED	0.00	0.
BASED ON TOTAL S			BASED ON TOTAL S		
AVAKE ALPHA	21.44	140.	AVAKE ALPHA	35.47	144.
ONE	30.32	198.	ONE	21.92	89.
TVO	41.65	272.	TWO	32.76	133.
THREE	2.76	18.	THREE	3.69	15.
FOUR	2.76	18.	- FOUR	1.48	6.
REM	1.67	7.	REM	4.68	19.

STATE PER	ENTAGES 4 TIME IN MIN	UTES FOR
SUBJECT NO.: 6		
DAY: 6		
	PER CENT	TIME
BASED ON 24 1	IOURS	
AVAKE	7.71	111.
TOTAL SLEEP	20.69	298.
AVAKE ALPHA	3.12	45.
ONE	4.72	68.
TVO	9.65	139.
THREE	1.25	18.
FOUR	1.32	19.
REM	0.62	9.
UNDEFINED	71 • 60	1031
	AL SLEEP ONLY	
AVAKE ALPHA	15.10	45.
ONE	22.82	.68.
TVO	46.64	139.
THREE	6.84	18.
FOUR	6.38	19.
REM	3.82	9.

STATE PERCEN	TAGES 4 TIME IN MIN	UTES FOR:	STATE PERCEIN	TAGES & TIME IN MIN	TES FOR:
SUBJECT NO.: 9			SUBJECT NO.: 9		
DAY:			DAY:		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOU	R\$		BASED ON 24 HOU!	RS	
AWAKE	21.67	312.	AWAKE	43.06	620.
TOTAL SLEEP	.15.97	238.	TOTAL SLEEP	33.68	485.
AWAKE ALPHA	1.87	27.	AWAKE ALPHA	3.26	47.
ONE	1.46	21.	ONE	4.24	61.
TVO	5.62	81.	TWO	16.46	237.
THREE	1.67	24.	THREE	0.76	11.
FOUR	3.12	45.	FOUR	2.36	34.
REM	2.22	32.	REM	6.69	95.
UNDEFINED	62.36	898.	UNDEFINED	23.26	335.
BASED ON TOTAL	SLEEP ONLY		BASED ON TOTAL S	LEEP ONLY	
AWAKE ALPHA	11.74	27.	AVAKE ALPHA	9.69	47.
ONE	9.13	21.	ONE	12.58	61 .
TVO	35.22	81.	TWO	48.87	237.
THREE	10.43	24.	THREE	2.27	11.
FOUR	19.57	45.	FOUR	7.01	34-
REM	13.91	32.	REM	19.59	95.

STATE PERCENTAGE	ES & TIME IN MIN	UTES FOR:	STATE PERCENTAGE	ES & TIME IN MINI	ITES FOR:
SUBJECT NO.: 11			DAY!		
DAY: 0				PER CENT	TIME
	PER CENT	TIME		PER CENT	
BASED ON 24 HOURS			BASED ON 24 HOURS		
AVAKE	7.64	110.	AVAKE	61.11	880.
TOTAL SLEEP	0.00	0.	TOTAL SLEEP	8.61	124.
AWAKE ALPHA	0.98	6.	AWAKE ALPIA	1.46	21.
ONE	0.00	0.	ONE	1.18	17.
TVO	6.00	0:	TVO	1.94	28.
	Ø.00	6.	THREE	1.18	17.
THREE	8.00	0.	FOUR	2.85	41.
FOUR				0.00	0.
REM	0.00	0.	REM	36.28	436.
UNDEFINED .	92.36	1330.	UNDEFINED	30.20	-30.
BASED ON TOTAL SLE	EP ONLY		BASED ON TOTAL SLE	EP ONLY	
AVAKE ALPHA	*****	0.	AVAKE ALPHA	16.94	21.
ONE	*****	6.	ONE	13.71	17.
	*****	0.	TVO	22.58	28.
700	*****	0.	THREE	13.71	17.
THREE	*****		FOUR	33.86	41.
FOUR		6.			6.
REM	*****	0.	REM	0.00	

STATE PERCEN	TAGES & TIME IN MIN	UTES FOR:	STATE PERCENT	AGES & TIME IN MIN	UTES FOR:
DAY: 2			DAY: 3		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOU			BASED ON 24 HOURS	S	
AVAKE	72.01	1037.	AVAKE	69-51	1001.
TOTAL SLEEP	27.99	463.	TOTAL SLEEP	38.49	439.
AVAKE ALPHA	3.86	44.	AVAKE ALPHA	2.71	39.
ONE	3.33	48.	ONE	3.68	53.
TVO	15.00	216.	TVO	15.14	218.
THREE	1.25	18.	THREE	2.99	43.
FOUR	1.25	18.	FOUR	2.57	37.
REM	4.10	59.	REM	3.40	49.
UNDEFINED	0.03	6.	UNDEFINED	0.00	6.
BASED ON TOTAL	SLEEP ONLY		BASED ON TOTAL S	LEEP ONLY	
AVAKE ALPKA	10.92	44.	AWAKE ALPHA	8-88	39.
ONE	11.91	48.	ONE	12.07	53.
TVO .	53.60	216.	TVO	49.66	218.
THREE	4.47	18.	THREE	9.79	43.
FOUR	4.47	18.	FOUR	.8.43	37.
REM	14.64	59.	REM	11.16	49.

STATE PERCENTAGE	ES & TIME IN HIN	UTES FOR:	STATE PERCENT SUBJECT NO.: 11	AGES & TIME IN MINU	JTES FOR:
DAY! 4			DAY: 5		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOURS			BASED ON 24 HOUR		
AVAKE	68.96	993.	AVAKE	15.35	221.
TOTAL SLEEP	31.04	447.	TOTAL SLEEP	19.10	275.
AVAKE ALPHA	2.36	34.	AVAKE ALPHA	1.67	24.
	4.31	62.	ONE	1.53	22.
ONE	13.96	201.	TVO	7.57	109.
TVO			THREE	1.04	15.
THREE	1.74	25.	FOUR	2.36	34.
FOUR	3.19	46.	REM	4.93	71.
REM	5.49	79.	UNDEFINED	65.56	944.
UNDEFINED	0.00	6.	UNDER INED	03,30	
BASED ON TOTAL SLEI	EP ONLY		BASED ON TOTAL S		
AVAKE ALPHA	7.61	34.	AWAKE ALPHA	8.73	24.
ONE	13.87	62.	ONE	8.20	22.
TWO	44.97	201.	TWO	39.64	109.
THREE	5.59	25.	THREE	5.45	15.
	18.29	46.	FOUR	12.36	34.
FOUR	17.67	79.	REK	25.82	71 .
REM	*1.01	170			

	ENTAGES & TIME IN MIN	UTES FOR
SUBJECT NO.: 11		
DAY: 6		
	PER CENT	TIME
BASED ON 24 H	OURS	
AVAKE	15.35	221.
TOTAL SLEEP	19.10	275.
AVAKE ALPHA	1:67	24.
ONE	1.53	22.
TVO	7.57	109.
THREE	1.84	15.
FOUR	2.36	34.
REM	4.93	71.
UNDEFINED	65.56	944.
BASED ON TOTAL	L SLEEP ONLY	
AVAKE ALPHA	8.73	24.
ONE	8.00	22.
TVO	39.64	109.
THREE	5.45	15.
FOUR	12.36	34.
REM	25.82.	71.

SUBJECT NO. : 11	AGES 4 TIME IN MIN	IUTES FOR:	SUBJECT NO.: 11	AGES & TIME IN MIN	UTES FOR
DAY: 0 F			DAY: IF		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOUR	S		BASED ON 24 HOUF		
AVAKE	8.33	120.	AVAKE	4.10	59.
TOTAL SLEEP	0.00	0.	TOTAL SLEEP	36.04	519.
AVAKE ALPHA	0.00	0.	AVAKE ALPHA	3.68	53.
ONE	0.00	ø.	ONE	4.51	65.
TVO	9.00	0.	TWO	19.86	286.
THREE	0.00	6.	THREE	1.11	16.
FOUR	0.00	0.	FOUR	3.47	50.
REM	0.00		REM	3.40	49.
UNDEFINED		0.	UNDEFINED	59.86	862.
UNDEF INCO	91 - 67	1320.			
BASED ON TOTAL S	LEEP ONLY		BASED ON TOTAL S	LEEP ONLY	
AVAKE ALPIA	*****	6.	AVAKE ALPHA	10.21	53.
ONE	*****	ø.	ONE	12.52	65.
TVO	*****	ø.	TWO	55-11	286.
THREE	*****		THREE	3.08	16.
FOUR	*****	0.	· FOUR	9.63	50.
	*****	0.	REM	9.44	49.
REM		ø.			

STATE PERCENTAGES SUBJECT NO.: 11	& TIME IN MIN	UTES FOR:	SUBJECT NO .: 11	GES & TIME IN MINU	TES FOR:
DAY: 2 F			DAY: 3F		
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOURS			BASED ON 24 HOURS		
AVAKE	8.68	125.	AVAKE	1.53	22.
TOTAL SLEEP	0.07	1.	TOTAL SLEEP	41.64	591 .
AVAKE ALPHA	8.87	1.	AVAKE ALPHA	3.82	55.
ONE	6.00	0.	ONE	5.49	79.
TVO	0.00	0.	TVO	19.79	285.
	0.00	0.	THREE	1.39	20.
THREE	0.00	0.	FOUR	4.31	62.
FOUR	0.00	8.	REM	6.25	90 •
REM	91.25	1314.	UNDEFINED	57.43	827.
UNDEFINED	91.25		UNDER INED	57.43	027.
BASED ON TOTAL SLEEP	0.11 Y		BASED ON TOTAL SLE		
	ONLI		AVAKE ALPHA		55.
AVAKE ALPHA				.9.31	
ONE	8.00	0.	ONE	13.37	79.
TVO	0.00	6.	TWO	46.22	285.
THREE	6.00	0.	THREE	3.38	20.
FOUR	6.00	0.	FOUR	10.49	62.
REM	6.00	8•	REM	15-23	98.

STATE PERCENTAGE	S & TIME IN MIN	UTES FOR:	STATE PERC SUBJECT NO. 1 16	CENTAGES & TIME IN MI	NUTES FOR:
SUBJECT NO.: 16		•	DAY:		
DAY: 0				PER CENT	TIME
	PER CENT	TIME	BASED ON 24 1	HOURS	
BASED ON 24 HOURS			AVAKE	24.72	356.
AVAKE	22.85	329.	TOTAL SLEEP	31.57	456.
TOTAL SLEEP	18.89	272.		2.08	30.
AVAKE ALPIA	1.60	23.	AWAKE ALPHA	4.24	61.
	2.43	35.	ONE	15.83	228.
ONE	7.22	104.	TWO	2.22	32.
TWO	2.01	29.	THREE		5.
THREE		63.	FOUR	0.35	
FOUR	4.37		REM	6.94	100.
REM	1.25	18.	UNDEFINED	43.61	628.
UNDEFINED	58.26	839•			
			BASED ON TOTA	AL SLEEP ONLY	
BASED ON TOTAL SLEE	EP ONLY		AWAKE ALPHA	6.58	30.
AVAKE ALPHA	8.46	23.	ONE	13.38	61 .
ONE	12.87	35•	TWO	50.00	558.
TVO	38.24	104.		7.02	32.
THREE	10.66	29.	THREE	1.10	. 5.
FOUR	23.16	63.	FOUR	21.93	100.
	6.62	18.	REM	21.73	
REM	0.00				

그 그는 그 그 그는 그는 그는 그 그 그 그는 그는 그 그 그 그 그	TAGES & TIME IN MIN	UTES FOR:	STATE PERCENT SUBJECT NO.: 18	AGES & TIME IN MINI	JTES FOR:
SUBJECT NO.: 18					
DAY: 0			DAY:	DED CENT	TIME
	PER CENT	TIME		PER CENT	TIME
BASED ON 24 HOU	RS		BASED ON 24 HOUR		
AVAKE	4.72	68.	AWAKE	12.78	184.
TOTAL SLEEP	29.03	418.	TOTAL SLEEP	45.62	657.
AVAKE ALPHA	5.69	82.	AWAKE ALPHA	7 • 85	113.
ONE	2.64	38.	ONE	3.96	57.
TVO	15.00	216.	TWO	22.50	324.
	1.67	24.	THREE	2.43	35.
THREE		1.	FOUR	1.46	21.
FOUR	8.07		REM	7.43	107.
REM	3.96	57.	UNDEFINED	41.60	599.
UNDEFINED	66.25	954•	UNDEFINED		
BASED ON TOTAL	SLEEP ONLY		BASED ON TOTAL S		
AVAKE ALPHA	19.62	82.	AWAKE ALPHA	17.20	113.
ONE	9.09	38.	ONE	8.68	57.
TWO	51.67	216.	TVO	49.32	324.
THREE	5.74	24.	THREE	5.33	35.
	0.24	1.	FOUR	3.20	21.
FOUR	13.64	57.	REM	16.29	107.

STATE PERCENTAGES	A TIME IN MIN	UTES FOR:	STATE PERCENTAL	GES & TIME IN MINI	ITES FOR:
SUBJECT NO.: 19	•		SUBJECT NO.: 19		
			DAY:		
DAY: 0	PER CENT	TIME		PER CENT	TIME
	PEN OPIN		BASED ON 24 HOURS		
BASED ON 24 HOURS	31.74	457.	AVAKE	62.50	900.
AVAKE		29.	TOTAL SLEEP	37.58	540 .
TOTAL SLEEP	2.01		AVAKE ALPHA	2.22	32.
AVAKE ALPHA	0.76	11.	14. J	3.69	56.
ONE	0.35	5.	ONE	22.92	330.
TWO	0.98	13.	TWO	1.74	25.
THREE	0.03	8.	THREE	3.33	48.
FOUR	0.03	ø.	FOUR	3.49	49.
REM	0.00	0.	REM	0.00	0.
UNDEFINED	66.25	954.	UNDEFINED	0.00	
THE OU PORT SIED	ANI V		BASED ON TOTAL SL	EEP ONLY	
BASED ON TOTAL SLEEP		11.	AVAKE ALPHA	5.93	32.
AWAKE ALPHA	37.93		ONE	10.37	56.
ONE	17.24	5.	740	61.11	330 .
TVO	44.83	13.		4.63	25.
THREE	0.00	0.	THREE	8.89	48.
FOUR	0.09	0.	FOUR	9.07	49.
REM	0.00	0.	REM		

STATE PERCENTAGES	A TIME IN MINI	ITES FOR:	STATE PERCENT	rages & time in mini	ITES FOR:
			SUBJECT NO.: 19		
SUBJECT NO.: 19			DAY: 3		
DAY: 2	PER CENT	TIME		PER CENT	TIME
	PER CENT		BASED ON 24 HOU!	RS	
BASED ON 24 HOURS		005	AVAKE	62.29	897.
AVAKE	62.15	895•	TOTAL SLEEP	37.71	543.
TOTAL SLEEP	37.85	545.		1.60	23.
AVAKE ALPHA	4.93	71.	AWAKE ALPHA	4.10	59.
ONE	5.21	75.	ONE	23.61	340.
TVO	19.58	282.	TWO	1.18	17.
THREE	2.36	34.	THREE	0.62	9.
FOUR	8 • 62	9.	FOUR		
	5.14	74.	REM	6.60	95.
REM UNDEFINED	0.00	0.	UNDEFINED	0.00	0.
			BASED ON TOTAL	SLEEP ONLY	
BASED ON TOTAL SLEEP			AVAKE ALPHA	4.24	23.
AVAKE ALPHA	13.03	71.	ONE	10.87	59.
ONE	13.76	75.		62.62	340.
TVO	51.74	282.	TWO	3.13	17.
THREE.	6.24	34.	THREE	1.66	9.
FOUR	1 - 65	9.	FOUR	17.50	95.
REM	13.58	74.	REM	17.50	***

	E PERCENTAGES & TIME IN MI	NUTES FOR:	STATE PERCENT	AGES & TIME IN MIN	UTES FOR:
SUBJECT NO.	: 19				
DAYI	4		DAY: 5	PER CENT	TIME
	PER CENT	TIME			TIME
BASED OF	N 24 HOURS		BASED ON 24 HOUR		
AVAKE	61 • 94	692.	AVAKE	26.46	381.
TOTAL SLEEP	38.06	548.	TOTAL SLEEP	28.06	404.
AVAKE ALPHA	4.93	71.	ANAKE ALPIA	2.85	41.
ONE	5.28	76.	ONE	2.64	38.
TWO	19.37	279.	TVO	14.44	208.
	1 . 81	26.	THREE	2.29	33.
THREE	1.60	23.	FOUR	2.64	38.
FOUR			REM	3.19	46.
REM	5.07	73.		45.49	655.
UNDEFINED	0.00	0.	UNDEFINED	43.47	655.
BASED OF	N TOTAL SLEEP ONLY		BASED ON TOTAL S	LEEP ONLY	
AVAKE ALPHA		71.	AVAKE ALPHA	10.15	41.
ONE	13.87	76.	ONE	9.41	38.
	50.91	279.	TWO	51.49	208.
TWO	4.74	26.	THREE	8-17	33.
THREE			FOUR	9.41	38.
FOUR	4.20	23.		11.39	46.
REM	13.32	73.	REM	11.34	40.

STATE PERCENTAGE	S & TIME IN MIN	UTES FOR:
SUBJECT NO. 1 25		
DAY! 8		
	PER CENT	TIME
BASED ON 24 HOURS		
AVAKE	23.89	344.
TOTAL SLEEP	8.00	0.
AVAKE ALPIA	8.00	6.
ONE	0.00	6.
TVO	6.00	0.
THREE	6.00	0.
FOUR	0.00	0.
REM	6.00	0.
UNDEFINED	76-11	1096.
BASED ON TOTAL SLE	EP ONLY	
AVAKE ALPHA	*****	ø.
ONE	*****	ø.
TVO	*****	0.
THREE	*****	0.
FOUR	*****	ø.
REM	*****	0.

STATE PERCENT	AGES & TIME IN HIN	UTES FOR
SUBJECT NO.: 25		
DAYs 1		
	PER CENT	TIME
BASED ON 24 HOUF	RS	
AWAKE	64.86	934.
TOTAL SLEEP	35.14	586.
AVAKE ALPHA	0.83	12.
ONE	5.90	72.
TVO	19.79	285.
THREE	1.18	17.
FOUR	6.97	.14.
REM	7:36	186.
UNDEFINED	0.00	0.
ONDEFINES		
BASED ON TOTAL		
AVAKE ALPHA	.2.37	12.
ONE	14.23	72.
TVO	56.32	285.
THREE	3.36	17.
FOUR	2.77	14.
DEM	20.95	106.

STATE PERCENTAGES	a	3123 10.0
SUBJECT NO. 1 25		
DAY: 2		
	PER CENT	TIME
BASED ON 24 HOURS		
AVAKE	58-47	842.
TOTAL SLEEP	31 - 81	458.
AWAKE ALPHA	1:18	17.
ONE	3.54	51.
TVO	18.96	273.
THREE	1.11	16.
FOUR	0.56	8.
REM	6:46	.93.
UNDEFINED	9.72	140.
UNDEFINED		
BASED ON TOTAL SLEEP	ONLY	
AVAKE ALPHA	3.71	17.
ONE	11.14	51.
TVO	59:61	273.
THREE	3.49	16.
FOUR	1:75	8.
REM	28.31	93.
REM	50.31	73:

STATE I	PERCENTAGES & TIME IN MIN	UTES FOR
SUBJECT NO. :	25	
DAY	3	
	PER CENT	TIME
BASED ON		
AVAKE	25.35	365.
TOTAL SLEEP	22.71	327.
AVAKE ALPHA	0.35	5.
ONE	3.06	44.
TVO	16.25	234.
THREE	6.80	0.
FOUR	0.00	8.
REM	3.06	44.
UNDEFINED	51 • 94	748.
BASED ON	TOTAL SLEEP ONLY	
AVAKE ALPHA	1.53	5.
ONE	13.46	44.
TVO	71.56	234.
THREE	8.08	0.
FOUR	0.00	8.
REM	13.46	44.

. STA	TE PERCENTAGE	S & TIME I	N MINUTES FOR
SUBJECT NO	. 1 25		
DAY	4		
		PER C	ENT TIME
BASED	ON 24 HOURS		
AVAKE		4.2	4 61.
TOTAL SLEE	P	. 0.0	0 0.
AVAKE ALPI	IA	8.0	ø ø.
ONE		0.0	ø ø.
TVO		0.0	9 0.
THREE		0.0	
FOUR		8.0	0 0.
REM		0.0	ø ø.
UNDEFINED		95 • 7	6 1379.
BASED	ON TOTAL SLEE	P. ANI Y	
AVAKE ALPH		****	. 8.
ONE		****	CALLY DO NOT THE REAL PROPERTY.
TWO		****	The state of the s

THREE		••••	
FOUR		****	
REM		****	. 6.

STATE	PERCENTAGES	& TIME	IN MIN	UTES FOR
SUBJECT NO. :	25			
DAY	5			
		PER	CENT	TIME
BASED ON	24 HOURS			
AVAKE		6	.46	93.
TOTAL SLEEP			.00	
AVAKE ALPHA			.00	
ONE			.00	0.
TWO			.00	
THREE			.00	
FOUR			.00	
REM			.60	0.
UNDEFINED		93	.54	1347.
BASED ON	TOTAL SLEEP	ONLY		
AWAKE ALPHA		••	***	0.
ONE			•••	6.
TVO			•••	8.
THREE		••	***	0.
FOUR			***	0.
REM		**	***	0.

STATE	PERCENTAGES	& TIME	IN MIN	UTES FOR
SUBJECT NO. :	25			
DAY:	6			
		PER	CENT	TIME
BASED ON	24 HOURS			
AVAKE		0	.00	6.
TOTAL SLEEP		0	.00	0.
AVAKE ALPHA		0	.00	8.
ONE			:00	8.
TVO		6	.00	0.
THREE		0	00	0.
FOUR			.00	8.
REM			.00	6.
UNDEFINED		••	•••	1446.
BASED ON	TOTAL SLEEP	ONLY		
AVAKE ALPHA		**	***	8.
ONE		**	***	0.
TVO		**	***	e.
THREE		***	***	8.
FOUR		**	***	8.
REM		**	***	6.

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